

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0324897 AV

03-13-2002 90036 022 ***150.00

DOCUMENT # P98000003976

1. Entity Name
XCITE, INC.

Principal Place of Business C/O-MARK-R-DOLAN F. GUTTA 112 E ST. SUITE B SUITE 350 TAMPA FL 33602 8211 W BROWARD BLVD SUITE 350 PLANTATION, FL 33324	Mailing Address 8211 W BROWARD BLVD # 410 350 PLANTATION FL 33334
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
8211 W BROWARD BLVD			
Suite, Apt. #, etc. SUITE 350	Suite, Apt. #, etc.		
City & State PLANTATION, FL	City & State		
Zip 33324	Country BROWARD	Zip	Country

4. FEI Number **59-3487312** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent GUTTA, FRANK A 8211 W BROWARD BLVD, #410 PLANTATION FL 33324	7. Name and Address of New Registered Agent <table border="0" style="width: 100%;"> <tr> <td>Name FRANK A. GUTTA</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable) 8211 W. Broward Blvd. #350</td> </tr> <tr> <td>City Plantation FL Zip Code 33324</td> </tr> </table>	Name FRANK A. GUTTA	Street Address (P.O. Box Number is Not Acceptable) 8211 W. Broward Blvd. #350	City Plantation FL Zip Code 33324
Name FRANK A. GUTTA				
Street Address (P.O. Box Number is Not Acceptable) 8211 W. Broward Blvd. #350				
City Plantation FL Zip Code 33324				

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	DOLAN, MARK R <input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	112 EAST ST STE B	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	BLANKE, JOHN <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8211 W BROWARD BLVD, #410	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33334	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (904) 462-8813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)