

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90473 014 ***158.75

DOCUMENT # P98000003976

1. Entity Name
XCITE, INC.



Principal Place of Business
**C/O F GUTTA
8211 W BROWARD BLVD # 350
PLANTATION FL 33324
US**

Mailing Address
**8211 W. BROWARD BLVD
350
PLANTATION FL 33334
US**



2. Principal Place of Business
51661 Telegraph Rd

3. Mailing Address
3440 Hollywood

Suite, Apt. #, etc.
Ste 470

City & State
Toledo OH

City & State
Hollywood FL

4. FEI Number
59-3487312

Applied For
 Not Applicable

Country
436012

Zip
33021

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GUTTA, FRANK A
8211 W BROWARD BLVD, #350
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Shelby R Mims

Street Address (P.O. Box Number is Not Acceptable)
3440 Hollywood Blvd

Ste 470

City
Hollywood FL 33021

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE
Shelby R Mims

DATE
3/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANKE, JOHN 8211 W BROWARD BLVD, #410 PLANTATION FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANDON SAMUELS 3440 HOLLYWOOD BLVD #470 HOLLYWOOD FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN BLANKE 3440 HOLLYWOOD BLVD #470 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SHELBY-R MIMS 3440 HOLLYWOOD BLVD #470 HOLLYWOOD FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/14/03** DAYTIME PHONE #: **9549612787**

CR2E034 (10/02)