


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000476 1. Entity Name AGORA PUBLISHING, INC.	
---	---

Principal Place of Business 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201	Mailing Address 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
--	--

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-0953737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOPLAS, ANN
 235 NE FOURTH AVENUE
 DELARY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

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 registered agent.

SIGNATURE _____ DATE _____
Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	PC BONNER, WILLIAM 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC DAVIDSON, JAMES 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, JAMES 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNHILL, GREGORY 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEPHART, ROBERT 14 WEST MOUNT VERNON PLACE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000168406
 07/26/04-80012-012 550.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert C. Kephart* CFO 44-783-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #