

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91290 046 ***150.00

DOCUMENT # F02000004659

1. Entity Name
DEFAULT PUBLICATIONS, INC.



Principal Place of Business
**3200 BRAODWAY BLVD., SUITE 410
 GARLAND, TX 75043**

Mailing Address
**3200 BRAODWAY BLVD., SUITE 410
 GARLAND, TX 75043**

2. Principal Place of Business
13800 Montfort Drive
 Suite, Apt. #, etc.
Suite 260
 City & State
Dallas, TX
 Zip
75240 Country
US

3. Mailing Address
13800 Montfort Drive
 Suite, Apt. #, etc.
Suite 260
 City & State
Dallas, TX
 Zip
75240 Country
US



02182004 Chg-P CR2E034 (10/03)

4. FEI Number
72-1491014

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

6. Name and Address of Current Registered Agent

BECKER, ANGELA E
5449 S. SEMORAN BLVD
#235
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name
Becker, Angela

Street Address (P.O. Box Number is Not Acceptable)
5555 E. Michigan St., #100

City
Orlando FL Zip Code
32822

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 **Angela E. Becker** **Angela E. Becker** **2/25/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	VDT CAMPBELL, ROBIN P 278 DONOVAN COURT BATON ROUGE, LA 70815	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DRAPER, VICTOR G 6017 COVINGTON DR. ROWLETT, TX 75089	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSCH, ROBERT H JR. 3185 S. CONWAY RD., SUITE E ORLANDO, FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, C. VICTOR 3185 S. CONWAY ROAD, SUITE E ORLANDO, FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONOWHO, ERIC 722 BRIGHTON LANE GARLAND, TX 75043	<input checked="" 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	President, Treasurer Fowler, Richard 3185 S. Conway Rd., Suite E Orlando, FL 32812	<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	Chairman Hosch, Robert H. Jr. 3185 S. Conway Rd, Suite E Orlando, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Secretary Butler, C. Victor 3185 S. Conway Rd, Suite E Orlando, FL 32812	<input checked="" 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 19.07(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: **Richard Fowler** **Richard Fowler** **4/22/04** **(407)384-4505**

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