
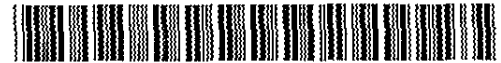


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000002168 1. Entity Name SAXON PUBLISHERS, INC.	
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Principal Place of Business 2450 JOHN SAXON BLVD NORMAN, OK 73071 US	Mailing Address 2450 JOHN SAXON BLVD NORMAN, OK 73071 US
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04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1129741	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

**REA, JANE
702 S.E. 25TH AVE
POMPANO BEACH, FL 33062**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000157338 05/05/04-80022-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SMITH, GERARD 2450 JOHN SAXON BLVD NORMAN, OK 73071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BUDDENDORF, BOB 2450 JOHN SAXON BLVD NORMAN, OK 73071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPMK KILPATRICK, JEFF 2450 JOHN SAXON BLVD NORMAN, OK 73071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSL SCHILLING, FRED 2450 JOHN SAXON BLVD NORMAN, OK 73071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMS, JOHN 2450 JOHN SAXON BLVD NORMAN, OK 73071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  **BOB BUDDENDORF** **4/27/04** **(405) 217-1819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #