2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# H02366

Entity Name: NEWPORT EQUITY, INC.

Current Principal Place of Business:

% DONALD D. STEARN
2767 MARSH WREN CIRCLE
LONGWOOD, FL 327793004 US

New Principal Place of Business:

Current Mailing Address:

% DONALD D. STEARN
2767 MARSH WREN CIRCLE
LONGWOOD, FL 327793004 US

New Mailing Address:

FEI Number: 59-2419847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEARN, DONALD D.
2767 MARSH WREN CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DST	( ) Delete
Name:	SHOLEM, DAVID B.,	
Address:	1102 WEST ARMORY AVENUE	
City-St-Zip:	CHAMPAIGN, IL	
Title:	DP	( ) Delete
Name:	STEARN, DONALD D	
Address:	2767 MARSH WREN CIRCLE	
City-St-Zip:	LONGWOOD, FL	
Title:	DV	( ) Delete
Name:	SHOLEM, MYRON J.,	
Address:	909-C CHESHIRE DRIVE	
City-St-Zip:	CHAMPAIGN, IL 61821	
Title:	DV	( ) Delete
Name:	SHOLEM, STANFORD H.,	
Address:	2602 WINDWARD BLVD	
City-St-Zip:	CHAMPAIGN, IL	
Title:	DV	( ) Delete
Name:	SHOLEM, BARRY A.,	
Address:	141 GEORGINA	
City-St-Zip:	SANTA MONICA, CA 90402	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. SHOLEM DST 01/12/2004

Electronic Signature of Signing Officer or Director — Date