

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90008 001 ****61.25

DOCUMENT # N99000003103 1. Entity Name FICTION COLLECTIVE TWO, INC.					
Principal Place of Business 437 A WILLIAMS BLDG., FC2 DEPT. OF ENGLISH 1580, FSU TALLAHASSEE, FL 32306-1580			Mailing Address 437 A WILLIAMS BLDG., FC2 DEPT. OF ENGLISH 1580, FSU TALLAHASSEE, FL 32306-1580		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 13-2957841				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 BERRY, RALPH DEPT OF ENGLISH FSU 437A WILLIAMS BUILDING TALLAHASSEE, FL 32306-1580			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering)					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, RALPH		NAME		
STREET ADDRESS	2009 ATAPHA NENE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	BMP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, BRENDA L		NAME		
STREET ADDRESS	1922 E. INIANHEAD DR.		STREET ADDRESS	1922 E. Indianhead Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SGOUROS, STEPHANIE		NAME		
STREET ADDRESS	109 FERNDAL DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, CURTIS		NAME	D Lance Olsen	
STREET ADDRESS	602 OGLESBY		STREET ADDRESS	P.O. Box 306	
CITY-ST-ZIP	NORMAL, IL 61761		CITY-ST-ZIP	New Meadows, ID 83654	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUKENICK, RONALD		NAME		
STREET ADDRESS	200 RECTOR PLACE, LIBERTY COURT 26B		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10280		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINER, ROBERT		NAME		
STREET ADDRESS	4775 COLLINS AVE #4103		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33140		CITY-ST-ZIP		
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 617, 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: _____			7-7-04 644-2260		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		