## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000021997

WHITE, JOSEPH J

404 BREEZE WAY

WINTER PARK, FL 32972 US

Name:

Address:

City-St-Zip:

FILED Apr 28, 2004 Secretary of State

Entity Nar	ne: XCITEM	ENT ENTERTAINMENT, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	PERTREE LA HEY, FL 346					
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX S HUDSON,	5643 FL 34674564	I3 US				
FEI Number:	52-2298721	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	Z, LARRY J WY 19, STE : FL 34691	223 US				
The above in the State		submits this statement for the	purpose of changing	its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Can	npaign Financir	g Trust Fund Contribution ( ).				
OFFICERS	AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WHITE, MARL 11110 PEPPE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WHITE, JAME 11110 PEPPE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( GRIPPANDO, 13601 DEVEN HUDSON, FL	TER COURT	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	т (	) Delete	Title:	т	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

WHITE, JOSEPH J

975 WHARF LANE APT. 202

ORLANDO, FL 32828 US

SIGNATURE: MARLENE L WHITE Ρ 04/28/2004