


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90476 001 \*\*\*150.00  
05-03-2004 90476 002 \*\*\*\*\*8.75

DOCUMENT # <b>PO2000026097</b>	
1. Entity Name <b>Xcitement Print's Club Network Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**66417694**

2. Principal Place of Business <b>300 N. Lakeland Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>300 N. Lakeland Ave</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Orlando Florida</b>	City & State <b>Orlando Fla 32805</b>
Zip <b>32805</b>	Country <b>U.S.</b>

4. FEI Number <b>03-0428327</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Patricia Williams</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>125 N. Cottage Hill Rd.</b>	
City <b>Orlando</b>	Zip Code <b>FL 32805</b>

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 **Patricia Williams**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/04**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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	<b>President / CEO Dorothy Thornton 300 N. Lakeland Ave Orlando FL 32805</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Yalonda St. Louis 25, Cottage Hill Rd Orlando FL 32805</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dorothy Thornton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-04 407-648-0004**

Date

Daytime Phone #

CR2E034B (12/02)