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

DOCUMENT # *PO2000026097*1. Entity Name XCitement Print's Club Network INC.



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

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

DO NOT WRITE IN THIS SPACE

					66417694		
2. Principal Place	ce of Business, lakeland Ave	3. Mailing Address Jake land Ave					
Suite, Apt. #,		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
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City & State	ndo Florida	City & State	Fla 3280	5 4. F	El Number 63-042837	Applied For Not Applicable	
Zip	Country	7:-	Country		Certificate of Status Desired \$8.	75 Additional	
<u>328</u>	$\mathfrak{D} \perp \mathfrak{U}, \mathfrak{D}_{i}$	<u> </u>	0.5	<u>, </u>	Fee	Required	
7. Name and Address of Current Registered Agent Name , / / / / /							
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)							
Constitution (Constitution Constitution Cons							
IN THIS SPACE 125 N. Colloce Hill Rd.							
City City FI 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.							
1 1 hts: 11 / Vinns 4/26/02/							
SIGNATURE TO MUCH WAS A CONTROL OF THE SIGNATURE OF THE S							
January 1 - May 1 Fee Is \$150.00 9. Election Campaign Financing\$5.00 May Be							
	Amended UBR is \$61.25				Trust Fund Contribution.	Added to Fees	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS							
	President / CEO	DIRECTORS	TUTLE	The second second			
NAME	Dorothy Thornto	NAME		等。在1915年第一章。 1915年第一章			
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CITY-ST-ZIP	orlando Fig :	CITY-ST-ZIP					
	Secretary .	*\$	TITLE		The state of the s		
	yalonda St. Louis	NAME					
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12. Thereby 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:

ING OFFICER OR DIRECTOR

4-26-04

407-648-0004

Daytime Phone #

CR2E034B (12/02)