

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91091 003 ***150.00

DOCUMENT # P02000064215

1. Entity Name
XOX CORPORATION, INC.



Principal Place of Business
**24100 TISEO BLVD #7
PORT CHARLOTTE FL 33980**

Mailing Address
**24100 TISEO BLVD #7
PORT CHARLOTTE FL 33980**



2. Principal Place of Business
317 ALLWORTHY STREET

3. Mailing Address
317 ALLWORTHY STREET

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PORT CHARLOTTE FL

City & State
PORT CHARLOTTE, FL

Zip
33954

Country

Zip
33954

Country

4. FEI Number
04-3686359

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROWN, WILLIAM R JR.
24100 TISEO BLVD #7
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name
JOSEPH A. HELDERNEY JR.

Street Address (P.O. Box Number is Not Acceptable)
317 ALLWORTHY STREET

City
PORT CHARLOTTE

State
FL

Zip Code
33954

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  DATE **3/17/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MIGNOGNA, D.N.	
STREET ADDRESS	24100 TISEO BLVD #7	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, W.R.	
STREET ADDRESS	24100 TISEO BLVD #7	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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:  DATE **3/17/03** 941-223-0344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)