## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000065904**

1. Entity Name
X FACTOR CORPORATION



Principal Place of Business

5703 RED BUG LAKE RD #323 WINTER SPRINGS, FL 32708 Mailing Address

5703 RED BUG LAKE RD #323 WINTER SPRINGS, FL 32708

## FILED Apr 19, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04142004 No Chg-P

CR2E034 (10/03)

4. FEI Number 33-0802893 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

PROPSTER, MITCHELL 5703 RED BUG LAKE RD #323 WINTER SPRINGS, FL 32708

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstating).  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PROPSTER, MITCHELL A 5703 RED BUG LAKE RD #323 WINTER SPRINGS, FL 32708	-		
TITLE NAME STREET ADDRESS CHY-ST-7P				U00000121019 04/20/04-80032-017 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	
TIBLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 by let like empowered.				

OFFICER OF DIRECTOR