

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90500 001 \*\*\*\*\*8.75

05-22-2008 90500 002 \*\*\*150.00

DOCUMENT # **P03000090185**

1. Entity Name

**CULT-ON LINE INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7027 W BROWARD BLVD #263**

**4316 NW 2ND ST**

City & State

City & State

**PLANTATION, FLORIDA**

**PLANTATION FLORIDA**

Zip **33317**

Country

Zip **33317**

Country

CR2E034B (5/07)

4. FEI Number **#72-1570239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR 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	<b>PRESIDENT</b>
NAME	<b>DAVID WHITTER</b>
STREET ADDRESS	<b>4316 NW 2ND ST PLANTATION FL. 33317</b>
CITY-ST-ZIP	
TITLE	<b>TREASURER</b>
NAME	<b>DAVID WHITTER</b>
STREET ADDRESS	<b>4316 NW 2ND ST PLANTATION</b>
CITY-ST-ZIP	<b>FL. 33317</b>
TITLE	<b>SECRETARY</b>
NAME	<b>DAVID WHITTER</b>
STREET ADDRESS	<b>4316 NW 2ND ST PLANTATION FL. 33317</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

**David Whitter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/16/08 754 246 1761**

Date

Daytime Phone #