


**ORIGINAL**  
**2004 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000067752</b> 1. Entity Name EXCELTA PUBLISHING, INC.	
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Principal Place of Business 3000 EAST SUNRISE BLVD. APT. 10B FORT LAUDERDALE, FL 33304	Mailing Address 3000 EAST SUNRISE BLVD. APT. 10B FORT LAUDERDALE, FL 33304
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03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0614764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GENTRY, OAKLEY JR.  
1500 NORTHWEST 49TH STREET STE 609  
FORT LAUDERDALE, FL 33309

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000094495  
03/22/04-80062-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GENTRY, OAKLEY JR.
STREET ADDRESS	1500 NORTHWEST 49TH STREET STE 609
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	P
NAME	FRANKLIN, SHEILA
STREET ADDRESS	3000 E. SUNRISE BLVD. #10-B
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 (954-561-8580)  
Date Daytime Phone #