## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 30, 2004 8:00 am Secretary of State DOCUMENT # P95000081659 08-30-2004 90012 042 \*\*\*550.00 1. Entity Name XANTIC, INC. Principal Place of Business Mailing Address **ሬቼህህም~** . 6100 HOLLYWOOD BLVD 6100 HOLLYWOOD BLVD SUITE 449 104 SUITE 449 ルチ HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 US 08192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0615379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BECKER, MICHAEL A DO NOT WRITE 6100 HOLLYWOOD BLVD SUITE 4 10分 IN THIS SPACE HOLLYWOOD, FL 33024 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE BECKER, MICHAEL A NAME 6100 HOLLYWOOD BLVD, # 109 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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.

TITI E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED