


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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>P95000081659</b>	
1. Entity Name <b>Xantic, Inc</b>	

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 03**

2. Principal Place of Business <b>6100 Hollywood Blvd</b>		3. Mailing Address <b>6100 Hollywood Blvd</b>	
Suite, Apt. #, etc. <b>410</b>		Suite, Apt. #, etc. <b>410</b>	
City & State <b>Hollywood, FL</b>		City & State <b>Hollywood, FL</b>	
Zip <b>33024</b>	Country <b>USA</b>	Zip <b>33024</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE <b>09/02/03 90196 029 \$550.00</b>	
4. FEI Number <b>65-0615379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Michael A. Becker</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>6100 Hollywood Blvd, #410</b>	
	City <b>Hollywood</b>	FL Zip Code <b>33024</b>

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 <b>x Michael A. Becker</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>11/6/03</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Michael A. Becker 6100 Hollywood Blvd, #410 Hollywood, FL 33024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.		
SIGNATURE: <b>Michael A. Becker</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>11/6/03</b>	DAYTIME PHONE # <b>954-962-9906</b>

CR2E034B (12/02)