## 2004 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT					May 28, 2004 08:00 AM Secretary of State			
1. Entity Nam	MENT # P97000786 DEN YEARS NEWS, INC.	341		-	Secre	tary of S	tate	
8130 BAYMEADOWS CIR W P		Mailing Address P.O. BOX 550926 IAX, FL 32255	O. BOX 550926					
<b>D</b>	OO NOT WRITE	CE	05082004 No Chg-P CR2E034 (10/03)  4. FEI Number					
#307 JACKSON	MEADOWS CIR W IVILLE, FL 32256	DO NOT WRITE IN THIS SPACE						
the obligate	In named entity submits this statement for the titions of registered agent.  Signature, typed or printed name of registered agent and  LE NOWILL FEE IS \$550.00  up by September 8, 2004	-	d Agent signature required	<u> </u>	n, in the State of Florid	DATE	n, and accept	
10.	OFFICERS AND DI	RECTORS	1		11	111111111111111111111111111111111111111	-	
HILE NAME STREET ADDRESS CITY-ST-ZIP	P HYATT, HELEN 8130 BAYMEADOWS CIR W #307 JACKSONVILLE, FL 32256	naciona .	ANNUALIS - 400 A 100 A 1		US/28 U <del>S/48/</del>	1704-80004° 1704-80004°	003 150.0 <del>03 150.</del> 0	
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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.

FIFEE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR