


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000103298	
1. Entity Name THE XPOSURE GROUP, INC.	

Principal Place of Business 2915 STATE ROAD 590 SUITE 20 CLEARWATER, FL 33759 US	Mailing Address 2915 STATE ROAD 590 SUITE 20 CLEARWATER, FL 33759 US
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DO NOT WRITE IN THIS SPACE

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04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3489112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, EARLE B 2915 STATE ROAD 590 SUITE 20 CLEARWATER, FL 33759
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EARLE B 2915 STATE ROAD 590 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLUB, STEVEN W 5319 COTTONWOOD TREE CIRCLE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(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.

SIGNATURE: Steven W. Holub Steven W. Holub 04/22/04 813-657-7363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #