## 2004 FOR PROFIT CORPORATION

## Jul 21, 2004 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P98000022464 07-21-2004 90019 001 \*\*\*150.00 NEWPORT INTERNATIONAL CIRCUITS INC. 10835 Indian Hills Principal Place of Business Mailing Address 54063889 10720 72ND ST. N, STE. 301 10720-72ND ST. N; STE: 301 LARGO, FL 33777 LARGO, FL 33777 1argo, A 33777 CR2E034 (10/03) 07.152004 No Chq-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3496300 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 10835 Indian Hills ct. WU, SHIRLEY DO NOT WRITE 10534 INDIAN HILLS COURT LARGO, FL 33777-IN THIS SPACE Largo, FL 33777 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, typed or efinited name of registered age DATE nd title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the - Due by September 8, 2004 Trust Fund Contribution. Added to Fees: corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. 10835 Indian Hills Ct. TITLE WU, TIMOTHY NAME MT # 19 STREET ADDRESS 19534 INDIAN HILLS COURT CITY-ST-ZIP LARGO, FL 33777 TM F 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 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.

SIGNATURE:

TITLE NAME STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR

727544244

**FILED**