

02

Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 26 PM 4:00

DOCUMENT # 495800
1. Entity Name
 THIRD DIMENSION GRAPHICS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7020 S.W. 46 St.
 *Suite, Apt. #, etc.

3. Mailing Address
 7020 S.W. 46 St.,
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, Fl.

City & State
 Miami, Fl.

Zip 33155 **Country** USA

Zip 33155 **Country** USA

4. FEI Number
 59-1687501

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BRODY, MARK

Street Address (P.O. Box Number is Not Acceptable)
 7020 S.W. 46 STREET

City MIAMI **FL** **Zip Code** 33155

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **(See criteria on back)**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRODY, DAVID 7020 S.W. 46 ST. MIAMI, FL. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005282116--0 -04/16/02--01038--001 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRODY, JEFFREY 7020 S.W. 46 ST. MIAMI, FL. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRODY, JENNIFER 7020 S.W. 46 ST. MIAMI, FL. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRODY, AMANDA 7020 S.W. 46 ST. MIAMI, FL. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSA BRODY, MARK 7020 SW 46ST. MIAMI, FL. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRODY, JOAN 7020 SW 46 ST. MIAMI, FL. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Brody **MARK BRODY PSA** **3/19/02** **305-667-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #