


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90102 002 \*\*\*\*61.25

**DOCUMENT # N01000001612**

1. Entity Name  
**HASIDIGRAPHIX, INC.**



Principal Place of Business      Mailing Address  
**9240 SABLE RIDGE CIRCLE**      **9240 SABLE RIDGE CIRCLE**  
**#A**      **#A**  
**BOCA RATON FL 33428**      **BOCA RATON FL 33428**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-1082563**      Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KESSLER, ROHN**  
**9240 SABLE RIDGE CIRCLE, #A**  
**BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 *D. Rohn Kessler*      DATE **APRIL 4, 2003**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>KESSLER, ROHN</b>	
STREET ADDRESS	<b>9240 SABLE RIDGE CIRCLE, #A</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KESSLER, NINAH</b>	
STREET ADDRESS	<b>9240 SABLE RIDGE CIRCLE, #A</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEW, RABBI RUVI</b>	
STREET ADDRESS	<b>375 NE 4TH ST.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREEMAN, TZVI</b>	
STREET ADDRESS	<b>5729 MONTGOMERY ST.</b>	
CITY-ST-ZIP	<b>VANCOUVER, BC V6M 2X3 CANADA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUDIN, JULIAN</b>	
STREET ADDRESS	<b>17051 EMILE, UNIT 8</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOTTLIEB, DAVID ED.D</b>	
STREET ADDRESS	<b>232 S.W. 28TH AVE.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: *DIGNATURE REQUIRED*      DATE: **APRIL 4, 2003**      **56-859-4060**

CR2E037 (10/02)