


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

5/5

05-05-2003 91392 002 ***150.00

DOCUMENT # **PO1000050764**
1. Entity Name
AMERICAN DIGITAL GRAPHICS, INC



DO NOT WRITE IN THIS SPACE

55044600

2. Principal Place of Business AMERICAN DIGITAL GRAPHICS INC. Suite, Apt. #, etc. SUITE I City & State NORTH LAUDERDALE, FL Zip 33068 Country USA		3. Mailing Address 6041 KIMBERLY BLVD. Suite, Apt. #, etc. SUITE I City & State NORTH LAUDERDALE FL Zip 33068 Country USA	
--	--	--	--

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1130783		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent		
		Name MICHAEL MONTAG		
		Street Address (P.O. Box Number is Not Acceptable) 4131 NW 58 ST. City COCONUT CREEK FL Zip Code 33073		

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 _____

<p>January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>PRESIDENT DAVID SUCHER 1617 NW 58 RUE NORTH LAUDERDALE, FL 33063</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>SEC. TREAS. MICHAEL MONTAG 4131 NW 58 ST. COCONUT CREEK, FL 33073</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MICHAEL MONTAG** **4/30/03** **954-479-1143**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)