


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

FILED
Jun 15, 2004 8:00 am
Secretary of State

05-03-2004 90413 024 ***150.00

DOCUMENT # **P93000016138**

1. Entity Name
ZOOMEE GRAPHICS INC.



DO NOT WRITE IN THIS SPACE

66428120

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1373 S. BELCHER RD.		3. Mailing Address		4. FEI Number 59-3169546	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State LARGO, FL.		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33771	Country PINELLAS USA	Zip	Country		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SHANNON JENSEN

Street Address (P.O. Box Number is Not Acceptable)
4000 LEXINGTON COURT

City **LARGO** FL Zip Code **33771**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when filing.)

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

January 1 - May 10 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES/SGM SHANNON JENSEN 4000 LEXINGTON COURT LARGO, FL. 33771	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. PRES/TREAS. TIMOTHY NOLEN 690 83RD AVE. N PINELLAS PARK, FL. 33781	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **Timothy L Nolen** **Timothy L Nolen** **4-27-04** **727-530-9559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distance Prior

Shannon Jensen **SHANNON JENSEN** **5-9-04** **727 530 9559**