

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90232 038 \*\*\*150.00

0517812

**DOCUMENT # P98000064725**

1. Entity Name  
**DDM GRAPHICS, INC.**

Principal Place of Business 7000 NEBRASKA AVENUE TAMPA FL 33604	Mailing Address 7000 NEBRASKA AVENUE TAMPA FL 33604
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2. Principal Place of Business 769 KINGSTON CT Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State APOLLO BEACH, FL	City & State SAME
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Zip 33572	Country	Zip	Country
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4. FEI Number **59-3526191** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

O'RIORDAN, OLIVER  
 7000 N NEBRASKA AVE  
 TAMPA FL 33604

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
City <b>FL</b> 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.

SIGNATURE *Oliver J O'Riordan* DATE **4-4-01**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	O'RIORDAN, OLIVER J		
7000 NEBRASKA AVENUE	7000 NEBRASKA AVENUE		
TAMPA FL 33604	TAMPA FL 33604		
V	SMITH, ROBERT J		
7000 NEBRASKA AVENUE	7000 NEBRASKA AVENUE		
TAMPA FL 33604	TAMPA FL 33604		
ST	SMITH, STELLA M		
7000 NEBRASKA AVENUE	7000 NEBRASKA AVENUE		
TAMPA FL 33604	TAMPA FL 33604		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oliver J O'Riordan* DATE: **4-4-01** DAYTIME PHONE #: **813 245-4738**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)