

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

FILED

02 JUL -2 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064725
1. Entity Name
DDM GRAPHICS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
769 KINGSTON CT.
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
APOLLO BCH., FL

City & State
same

4. FEI Number
593526191

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

City
33572

Country
USA

Zip
33572

Country
USA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
OLIVER O'RIOURAN

Street Address (P.O. Box Number is Not Acceptable)
769 KINGSTON CT

City
APOLLO BEACH **FL** Zip/Country
33572

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 O'RIOURAN DATE 6-17-02

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$84.25
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	<u>PSTD O'RIOURAN, OLIVER J. 769 KINGSTON COURT APOLLO BCH., FL 33572</u>
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***150.00 ***150.00

**DO NOT WRITE
IN THIS SPACE**

OLIV

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: OLIVER O'RIOURAN DATE 6-17-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

913 245 4738

CR2E034E (12/04)