2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 08:00 AM S18215 DOCUMENT # 1. Entity Name **Secretary of State** BLACKHAWK COLOR CORPORATION Principal Place of Business Mailing Address 14540 58TH ST N 14540 58TH ST N CLEARWATER FL CLEARWATER FL33760 33760 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3768941 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERSON STUART 4200 BAYSHORE BLVD, N.E. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL33704 US 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 02/28/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition SANDERSON DARRELL MAME NAME 1500 53RD AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP ☐ Delete Т TITLE X Change ☐ Addition NAME THOMAS ELAINE NAME THOMAS ELAINE STREET ADDRESS 1583 JONATHAN CT STREET ADDRESS 1583 JONATHAN CT CITY-ST-ZIP LARGO \mathbf{FL} CITY-ST-ZIP LARGO FL33770 ☐ Delete TITLE X Change ☐ Addition ELLERBY, HAROLD NAME ELLERBY HAROLD STREET ADDRESS 2100 SWAN LANE STREET ADDRESS 335 VENTURA DRIVE CITY-ST-ZIP SAFETY HARBOR FLCITY-ST-ZIP OLDSMAR FL. 34677 ☐ Delete TITLE PD **X** Change ☐ Addition SANDERSON STUART NAME SANDERSON STHART STREET ADDRESS 4200 BAYSHORE BLVD N.E. STREET ADDRESS 4200 BAYSHORE BLVD N.E. CITY-ST-ZIP ST PETERSBURG CITY-ST-ZIP ST PETERSBURG 33703 FL. TITLE SD Delete TITLE ☐ Change ☐ Addition COREY LEANN NAME STREET ADDRESS 6517 NW 33RD AVENUE STREET ADDRESS CITY-ST-ZIP BOCA RATON 33496 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CR2E034 (11/00)

SIGNATURE: Stuart Sanderson Pres 02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #