FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name

FILED Jun 24, 2002 8:00 am Secretary of State

06-24-2002 90298 037 ***150.00

FIR	ive ARTS LithoGR	APPANTE CO. 1	WC.		•				
	DO NOT WRITE	IN THIS SP	ACE		,	969362	2		
2. Principal Place of Business /031 BLUEBIRD AVE Suite, Apt. #, etc.		3. Mailing Address SAME AS IN #2 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
	Springs, FL.	City & State		4	. FEI Number 59-11	46171		Applied Not Ap	d For
33166	Country USA	Zip	Country		. Certificate of S		Fee F	75 Addition Required	al
	DO NOT WI IN THIS SP	4.34		RVDOL Address (P.O. 031 BL	Ph J. P. Box Number is URBIRO	ess of Current Re			
SiGNATURE	e named entity submits this statement for Professional Segment of Finited name cycegistered agent an oration is eligible to satisfy its Intangible	d title if applicable. (NOTE: F	egistered office o	r registered a	n reinstating)	the State of Florid	a. O Apr		
	requirement and elects to do so	Amended Make Check Payable	Fee is \$550.00 UBR is \$61.25 to Departmen			n Campaign Financ und Contribution.	cing	\$5.00 M Added to F	ay Be ees
	RUDOLPH J. MARE, 1031BLUEBRO AND MIRMISPRING FL BETTY D. MAREK		TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE ,	2. (60.4 M.)	the state of the	NAME STREET ADDRESS CITY-ST-ZIP	m to a william on					
13. Thereby c	certify that the information supplied with the	nic filing does not qualify for the	200	li dia Contina	110 07(0)() FI		The second second		

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

SIGNATURE: _

Audolph I wareh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

305-799-5827