

FILED
Mar 24, 2003 8:00 am
Secretary of State

02-24-2003 90224 043 *****8.75
 03-24-2003 91008 003 ***141.25

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 386284

1. Entity Name
ATLANTIC OFFSET PRINTING, INC.



Principal Place of Business
**2960 N.W. 2ND AVENUE
 SUITE 9
 BOCA RATON FL 33431**

Mailing Address
**2960 N.W. 2ND AVENUE
 SUITE 9
 BOCA RATON FL 33431**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1359979** Applied For
 Not Applicable

5. Certificate of Status Destroyed \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBB, CHARLES E.
 641 N.E. 30 PL.
 BOCA RATON FL 33431**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **01-07-2003**
(Signature of individual or principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	COBB, CHARLES E.	641 N.E. 30 PL.	BOCA RATON FL				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *[Signature]* **561-392-0529 01-07-2003**
(Signature and typed or printed name of business officer or director Date Daytime Phone #)

CR2034 (10/02)