

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90730 045 \*\*\*150.00

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**DOCUMENT # 404547**

1. Entity Name  
**ELLISON GRAPHICS CORP.**



Principal Place of Business  
**1400 INDIANTOWN RD.  
JUPITER FL 33458**

Mailing Address  
**1400 INDIANTOWN RD.  
JUPITER FL 33458**

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-1405965** Applied For  
Not Applicable

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

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

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

**LITWIN, NICHOLAS E  
1400 INDIANTOWN RD.  
JUPITER FL 33458**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LITWIN NICHOLAS</b>	
STREET ADDRESS	<b>1400 INDIANTOWN RD</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>HERLIN, ROBERT</b>	
STREET ADDRESS	<b>1400 INDIANTOWN RD.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ELLISON, ANTHONY W</b>	
STREET ADDRESS	<b>1400 INDIANTOWN RD</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: *Nicholas E. Litwin, President* 4/29/03 561-746-9254  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**NICHOLAS E. LITWIN** Date Daytime Phone #

CR2E03 (10/02)