

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

FILED
Aug 21, 2003 8:00 am
Secretary of State
08-21-2003 90107 031 ***550.00

DOCUMENT # 641594
1. Entity Name
Sobe Graphics, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 316 N.E. Fourth Street		3. Mailing Address 316 N.E. Fourth Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33301	Country U.S.A.	Zip 33301	Country U.S.A.

4. FEI Number #59-2082937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Lawrence O. Turner, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 316 N.E. Fourth Street	
City Fort Lauderdale, Florida	FL Zip 33301

8. The undersigned 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 responsibility of registered agent.

SIGNATURE <i>Lawrence O. Turner</i>	DATE 8/12/03
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE DIRECTOR NAME LAWRENCE O. TURNER, JR. STREET ADDRESS 316 N.E. Fourth Street CITY-ST-ZIP Fort Lauderdale, Florida 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address with all other like empowered.

SIGNATURE: <i>Lawrence O. Turner</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lawrence O. Turner	Date 8/12/03	Daytime Phone 954-655-1721
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