

**FOR PROFIT 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
Suite, Apt. # etc.

3. Mailing Address
316 N.E. Fourth Street
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.

DO NOT WRITE IN THIS SPACE

4. FEI Number
#59-2082937

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 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 obligations of registered agent.

SIGNATURE Lawrence O. Turner, Jr. 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. **\$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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**DO NOT WRITE
IN THIS SPACE**

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: Lawrence O. Turner DATE 8/12/03 Cayman Phone #