2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State 01-20-2004 90080 001 ***150.00

Principal Place of Business 200 SUMMIT LAKE DRIVE VALHALLA, NY 10595-1356 US 2. Principal Place of Business 20. SUMMIT LAKE DRIVE VALHALLA, NY 10595-1356 US 2. Principal Place of Business 2. Suite, Apr. R. stc. 2. Principal Place of Business 2. Suite, Apr. R. stc. 2. Principal Place of Business 2. Suite, Apr. R. stc. 2. Principal Place of Business 2. Suite, Apr. R. stc. 2. Cy & Suite 2. Principal Place of Business 2. Suite, Apr. R. stc. 2. Principal Place of Business 2. Suite, Apr. R. stc. 2. Principal Place of Business 2. Apr. R. stc. 2. Principal Place of Business 2. Apr. R. stc. 3. Molfing Address 4. FEH Number 2. 2-1430030 5. Certificate of Status Desired of Apr. P. CR2694 (10/03) 5. Certificate of Status Desired Apr. P. Status Desired of Status Desired Apr. P. Status Desired Apr. P. Status Desired of Status Desired Apr. P. Status De	DOCUMENT # F02000003036 1. Entity Name ENOVATION GRAPHIC SYSTEMS, INC.						01-20-200)4 90080 00	01 ***15	50.00	
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Zip	Suite, Apt. #, etc. Suite, Apt. #, etc.				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				·//4&/ // / /		
S. Name and Address of Current Registered Agent S. Name and Address of Search Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 2201 HANS STREET TALLAHASSEE, FL 32301-2525 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 Flonds. Tamifamiliar with, and accept the obligations of registered agent. SIGNATURE Signame Agent agent agent and the flagstown. (Incife Registered Agent agent agent or both, in the State of Flonds. Tamifamiliar with, and accept the obligations of registered agent. A FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Find Controllon. TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	City & State		City & State	City & State)			<u> </u>		
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Street Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code Cay FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonds. Tam familiar with, and accept the changing of registered agent. SIGNATURE Signature, bod or protect name of registered agent and the Tabulcans. MOTE Programmed Agent agent agent agent agent and the Tabulcans. MOTE Programmed Agent ag	OODDODATION OF COMPANY				Name .						
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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 path; that I am an officer or director	12. I hereby o	certify that the information supplied with	this filing does not qualify for the	e exemption sta	ted in Se	ection 119.07(3)(i). Florida Statute	es, i further cert	tify that the i	information	

Jonathan E. File, Secretary

1/12/04 914-789-8106