

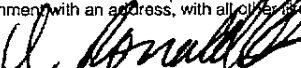


FILED
Feb 12, 2004 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # F13918 1. Entity Name SUN GRAPHIC, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 1820 N.W. 21ST STREET POMPANO BEACH, FL 33069</div><div>Mailing Address 1820 N.W. 21ST STREET POMPANO BEACH, FL 33069</div></div>		<div style="text-align: right;">Feb 12, 2004 08:00 AM Secretary of State</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">01302004No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 59-2050847</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input checked="" type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PALMER, CHARLES L. 312 S.E. 17TH ST. FT LAUDERDALE, FL 33316	<div style="text-align: center; height: 100px; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div>	
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.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	NICHOL, NORMAN J.	
STREET ADDRESS	5540 NORTHWEST HIGHWAY	
CITY- ST- ZIP	CHICAGO, IL	
TITLE	V	
NAME	ANDERSON, GARY	
STREET ADDRESS	5540 NORTHWEST HIGHWAY	
CITY- ST- ZIP	CHICAGO, IL	
TITLE	CEO	
NAME	PALMER, CHARLES L.	
STREET ADDRESS	312 S.E. 17TH ST. STE. 300	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33316	
TITLE	CD	
NAME	PALMER, CHARLES L.	
STREET ADDRESS	312 S.E. 17TH ST. STE. 300	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33316	
TITLE	SR	
NAME	DRESSLER, SHARON	
STREET ADDRESS	312 SE 17TH STREET STE 300	
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316	
TITLE	V	
NAME	ASKIN, I R	
STREET ADDRESS	1820 NW 21ST ST	
CITY- ST- ZIP	POMPANO BEACH, FL 33069	
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 prepare 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 officers empowered.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>I. RONALD ASKIN 2/2/04 954-974-0217</div><div>Daytime Phone #</div></div> <div style="text-align: center; font-size: small; margin-top: 5px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>		