200% UNIFORM BUSINESS REPORT (UBR)

FILED Mar 30, 2001 8:00 am **DOCUMENT # F20532** 1. Entity Name Secretary of State FLORIDA COLOR GRAPHICS, INC. 03-30-2001 90340 011 ***150.00 Principal Place of Business Mailing Address 500 SOUTH MCDUFF AVENUE 500 SOUTH MCDUFF AVENUE JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 Pailing Address Box 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2086596 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PELLUM, NATHAN L 3055 LENOX AVENUE JACKSONVILLE FL 32254 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITI F Change Addition Delete TITLE NAME PELLUM, NATHAN L NAME STREET ADDRESS STREET ADDRESS 23715 E. HWY 314 CITY-ST-ZIP CITY-ST-ZIP SALT SPRINGS FL 32134 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PELLUM, JACQUELYN S NAME STREET ADDRESS STREET ADDRESS 23715 E. HWY 314 CITY-ST-ZIP CITY-ST-ZIP SALT SPRINGS FL 32134 Change ☐ Addition ☐ Delete TITLE PELLUM, JR., NATHAN L NAME STREET ADDRESS STREET ADDRESS 4745 ROYAL AVENUE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

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