2000 UNIFORM BUSINESS REPORT (UBR)

May 31, 2000 8:00 am Secretary of State DOCUMENT # F991000 Union Beacon Graphics, Inc. 05-31-2000 90066 022 ***150.00 dba Dodd Printers Principal Place of Business Mailing Address 7550 W. 2nd Ct. Hialeah, FL 33014 7550 W. 2nd Ct. Hialeah, FL 33014 2. Principal Place of Business J. Mailing Address 7550 W. 2nd Ct. 7550 W. 2nd Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Hialeah, FL Hialeah, FL 76-0611187 Not Applicable Zip 33014 Zíp 33014 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Jerry L. Hyde CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FLORIDA 32301 Union Beacon Graphics Inc 2500 W. Loop South, #500 _{TX}/xxx**f**xĪ Zip Code 77027 City Houston 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. (NOTE: Registered Agent signature required when reinstitting) BENOW FEET STORM 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$560,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Chack Payoble to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P/T/D Delete TITLE CR2E034 (9/99) NAME Jerry L. Hyde NAME 2500 W. Loop S., #500 Houston, TX 77027 STREET ADDRES STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP Change Addition TITLE Delete L. Melvin Cooper NAME NAME 2500 W. Loop S., #500 Houston, TX 77027 STREET ADORESS STREET ADORE CITY ST ZP CITY-ST-ZIP Change Addition Delete TITLE TITLE Carl L. Norton 2500 W. Loop S., Houston, TX 77027 NAME NAME STREET ADDRE STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP Change Addition Delete TITILE TITLE NAME NAME STREET ADDRES STREET ADDRESS CITY - ST- ZIP CITY- ST- ZIP Change Addition Delate ппв NAME NAME STREET ADDRESS STREET ADDRES CITY - ST- ZIP CITY- ST- ZIP Change Addition Delete rme TITLE NAME STREET ADDRESS STREET ADDRES City - ST- ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). 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. 713/961-4700 5/1/00 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED