## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000004589

Entity Name: GRAPHIC COMMUNICATIONS HOLDINGS, INC

FILED Apr 15, 2004 Secretary of State

Current P	rincipal Place	e of Business:	New Prin	New Principal Place of Business:		
16-B JOUI ALISO VIE	RNEY EJO, CA 92656	3		6600 GOVERNORS LAKE PARKWAY NORCROSS, GA 30071 US New Mailing Address:		
Current N	lailing Addre	ss:	New Mail			
16-B JOURNEY ALISO VIEJO, CA 92656				6600 GOVERNORS LAKE PARKWAY NORCROSS, GA 30071 US		
FEI Number: 33-0063298 FEI Number Applied For ( ) FE			FEI Number Not App	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	d Address of (	Current Registered Agent:	Name and	d Address of Ne	ew Registered Agent:	
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered off	ice or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CPD ( DRAGONE, AL 40 RICHARDS NORWALK, CT	AVE	Title: Name: Address: City-St-Zip:	DRAGONE, ALLA 6600 GOVERNO	RS LAKE PARKWAY	
Title: Name: Address: City-St-Zip:	COOD ( DAWLEY, MAT 4466 DARROV STOW, OH 44	V RD #21	Title: Name: Address: City-St-Zip:	DAWLEY, MATTI 4466 DARROW I	RD #21	
Title: Name: Address: City-St-Zip:	CFOD ( DRAKE, JOHN 16B JOURNEY ALISO VIEJO,		Title: Name: Address: City-St-Zip:	DRAKE, JOHN 16B JOURNEY	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	TYSER, MATTHE	RS LAKE PARKWAY	
Title: Name: Address: City-St-Zip:	D ( DONNELLY, S 671 SLEEPY H LAGUNA BEAC	IOLLOW	Title: Name: Address: City-St-Zip:	JABLONSKI, ŻÝC	RS LAKE PARKWAY	
Title: Name: Address:	(	) Delete	Title: Name: Address:	TARKENTON, W	Change (X) Addition AYNE RS LAKE PARKWAY	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

NORCROSS, GA 30071

SIGNATURE: ZYGMUNT JABLONSKI VPD 04/15/2004

City-St-Zip: