2004 FOR PROFIT CORPORATION

Feb 20, 2004 8:00 am Secretary of State **ANNUAL REPORT** 02-20-2004 90009 047 ***150.00 DOCUMENT # J29165 1. Entity Name U.S.Á. SPRINT PRINT, INC. Principal Place of Business Mailing Address 5135 W CYPRESS ST 5135 W CYPRESS ST SUITE 104 SUITE 104 TAMPA, FL 33607 TAMPA, FL 33607 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2709716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAMEY, MICHAEL DO NOT WRITE 5135 W. CYPRESS ST., #104 TAMPA, FL 33607 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAMEY, MICHAEL A. NAME STREET ADDRESS 5135 W. CYPRESS ST.,#104 CITY-ST-ZIP TAMPA, FL TITLE NAMEY, MARSHA S. NAME 5135 W. CYPRESS ST.,#104 STREET ADDRESS TAMPA, FL CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 execute 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

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

FILED