
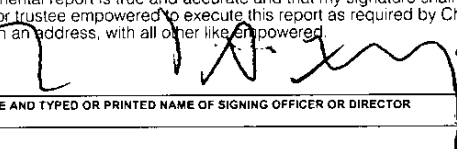


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90061 016 ***158.75

| | | | |
|--|--|---|--|
| DOCUMENT # J29165 1. Entity Name U.S.A. SPRINT PRINT, INC. | |  | |
| Principal Place of Business 5135 W CYPRESS ST SUITE 104 TAMPA, FL 33607 | | Mailing Address 5135 W CYPRESS ST SUITE 104 TAMPA, FL 33607 | |
| 2. Principal Place of Business - No P.O. Box # 2860 21ST AVE N | | 3. Mailing Address 2860 21ST AVE N | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ST PETERSBURG, FL | | City & State ST PETERSBURG, FL | |
| Zip 33713 | | Zip 33713 | |
| Country FLORIDA | | Country FLORIDA | |
| 4. FEI Number 59-2709716 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NAMEY, MICHAEL 5135 W. CYPRESS ST., #104 TAMPA, FL 33607 | | 7. Name and Address of New Registered Agent Name NAMEY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2860 21ST AVE N City ST PETERSBURG FL Zip Code 33713 | |
| 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. | | | |
| SIGNATURE  | | MICHAEL NAMEY, PRESIDENT 3-5-08 ✓ <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NAMEY, MICHAEL A. 5135 W. CYPRESS ST., #104 TAMPA, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition - 2860 21ST AVE N - ST PETERSBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NAMEY, MARSHA S. 5135 W. CYPRESS ST., #104 TAMPA, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition - 2860 21ST AVE N - ST PETERSBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP MATT ZAZZARO 2860 21ST AVE N ST PETERSBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 with an address, with all other like empowered. | | | |
| SIGNATURE:  | | MICHAEL NAMEY 3-5-08 239-980-3379 <small>Date Daytime Phone #</small> | |