


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90139 028 ***150.00

DOCUMENT # J68995

1. Entity Name
SIGN*A*RAMA INC.



Principal Place of Business
**1801 AUSTRALIAN AVE SOUTH
WEST PALM BEACH, FL 33409**

Mailing Address
**1636 NEW HIGHWAY
FARMINGDALE, NY 11735**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1801 AUSTRALIAN AVE SOUTH

Suite, Apt. #, etc.
1

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33409

Country
PALM BEACH



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

4. FEI Number
58-1737365

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TITUS, ROY W.	
STREET ADDRESS	1640 NEW HIGHWAY	
CITY-ST-ZIP	FARMINGDALE, NY	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SWANSON, STANLEY R.	
STREET ADDRESS	1640 NEW HIGHWAY	
CITY-ST-ZIP	FARMINGDALE, NY 11736	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TITUS, RAYMOND W	
STREET ADDRESS	1640 NEW HIGHWAY	
CITY-ST-ZIP	FARMINGDALE, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	TITUS, ROBERT	
STREET ADDRESS	1640 NEW HWY	
CITY-ST-ZIP	FARMINGDALE, NY 11736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITUS, RAYMOND W.	
STREET ADDRESS	1801 AUSTRALIAN AVES.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 with an address, with all other like empowered.

SIGNATURE: **x Roy Titus Pres.** Date: **2/28/03** (561)640-5570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)