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SATABOTA, PL SATAB	Suite 200						
DO NOT WRITE IN THIS SPACE Name Service Company Seven Address of Current Registered Agent	City & State	21		'L	_ \$5,00		
DO NOT WRITE IN THIS SPACE Corporation Service Company Spread Address of Gurrent Registered Agent Spread Agency (P.D. Box Number is Not Acceptable)	Sarasota, F Zip		Zip	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired Fee Rec	quired	
DO NOT WRITE IN THIS SPACE Separal Address (P.O. Box Number is Not Acceptable)	34236	USA	34236	USA	7. Name and Address of Current Registered Agent		
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City FL Zip Code 32301-2525 The above named entry submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Statutos. SINCE AUGUST ACCEPTANCES OF THE AUG				Name	ion Service Company		
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REFERENCE

378237___

AUTHORIZATION

COST LIMIT

\$\50.00

ORDER DATE: December 30, 2003

ORDER TIME : 1:06 PM

ORDER NO. : 378237-015

CUSTOMER NO: 4809298

CUSTOMER: Ms. Heidi Hansen

Riker Danzig Scherer Hyland

P.o. Box 1981

Morristown, NJ 07962-1981

DOMESTIC FILINGS

NAME:

DIRECT MASKING SUPPLIES, LLC

ХХ	REINSTATEMENT
* *	(TDIND TITE

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS