FILED Sep 03, 2002 8:00 am Secretary of State

09-03-2002 90114 025 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003493

BREAKAWAY GRAPHICS, L.L.C.

Principal Place of Business 6607 SHEPHERD OAKS STREET LAKELAND FL 33811 Mailing Address

PO BOX 6403 LAKELAND FL: 33807

| 2. Principal Place of Business | 3. Mailing Address | | |
|--------------------------------|---------------------|--|--|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3556813

Applied For Not Applicable

Country

Country

Country

5. Certificate of Status Desired
Fee Required

7. Name and Address of New Registered Agent

Name

BANTTARI, JAMES P 6607 SHEPHERDS OAKS STREET LAKELAND FL 33811 Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

City

DATE

FL

Zip Code

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2002

| Due By May 1, 2002 | | | | | |
|---------------------------------------|---|----------|---------------------------------------|-------------------|------------|
| 9. | MANAGING MEMBERS/MANAGERS | | 10. | ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BANTTARI, JAMES P 6607 SHEPHERD OAKS STREET LAKELAND FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BANTTARI, MELISSA D 6607 SHEPHERD OAKS STREET LAKELAND FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-7/P | ☐ Change | Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF

ignature required

7.74.02

863-619-7882