

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*rf 4112*

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L99000009017

1. Entity Name  
**COMPUTER GRAPHIC RESOURCES, L.L.C.**

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**281 Tresson Blvd** **Same**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**4th Floor**

City & State City & State  
**Stamford CT**

4. FEI Number Applied For  
**59-3616679** Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

Zip Country Zip Country  
**06901 USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: **William Robinson - 20 Windsor Woods Haines**  
Street Address (P.O. Box Number is Not Acceptable) **Wards + Woodman**  
**250 Park Ave South - 5th Fl**

City **Winter Park** Zip Code **32081**

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 **William Robinson** DATE

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**300003208189--6**  
**-04/13/00--0112--009**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Chairman	MARK LOWERY	1411 EDgewater Dr Suite 203	ORLANDO, FL 32804	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CEO	ADRIANE PLOTCH	21 WEST 35th ST 16th Fl.	NEW YORK N.Y.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	MATTHEW HORTON	281 Tresson Blvd 4th Fl	STAMFORD CT 06901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CEO	JAY WOLIN	1411 EDgewater Drive Suite 203	ORLANDO FL. 32804	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: 

Date: **2/28/00** Daytime Phone #: **(407) 497-8113**

CR2E083 (11/99)