

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90092 007 ****50.00

DOCUMENT # L99000009017

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

Principal Place of Business 281 TRESSON BLVD. FOURTH FLOOR STAMFORD CT 06901	Mailing Address 281 TRESSON BLVD. FOURTH FLOOR STAMFORD CT 06901
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2. Principal Place of Business 36 E 12th ST	3. Mailing Address SAME
Suite, Apt. #, etc. 4th FLOOR	Suite, Apt. #, etc.
City & State NEW YORK NY	City & State
Zip 10003-4604	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
 225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202**

4. FEI Number **59-3616679**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWREY, MARK 1411 EDGEWATER DR., STE. 203 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLOTCH, ADRIANNE 21 WEST 35TH ST. 10TH FL 36 E 12th St 4th fl NEW YORK NY 10003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWTON, MATTHEW K 281 TRESSON BLVD. STAMFORD CT 06901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWTON, RUSSELL B JR. 200 W. FORSYTH ST., SUITE 1600 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANN, RANDALL 200 W. FORSYTH ST., SUITE 1600 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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

SIGNATURE: **SIGNATURE REQUIRED** 8/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRE083 (4/02)