

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -3 PH 3:15

DOCUMENT # M11726
1. Entity Name
STC-SCAN PRINT CORP., INC.

DO NOT WRITE IN THIS SPACE

400007666064--2
-09/11/02--01055--012
*****61.25 *****61.25

2. Principal Place of Business
1881 N.E. 26th Street, Suite 201
Suite, Apt. #, etc.

3. Mailing Address
1881 N.E. 26th Street, Suite 201
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Wilton Manors, Florida

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4. FEI Number 592530199 Applied For
 Not Applicable

Zip 33305 Country USA Zip 33305 Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Anderson, E.J.
Street Address (P.O. Box Number is Not Acceptable)
1881 N.E. 26th Street, Suite 201
City Wilton Manors FL Zip Code 33305

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **January 1 - May 1, Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STD Anderson, E.J. 1881 N.E. 26th Street, Suite 201 Wilton Manors, Florida 33305	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Guldstrand, Ingvar 3430 Galt Ocean Drive, Aot 702 Fort Lauderdale, Florida	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: E. J. Anderson DIRECTOR Date: 8/30/2002 Daytime Phone: 954 5651937

jr 9/3/02