2000 UNIFORM BUSINE'SS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # M77682** 1. Entity Name PRINTASTIC, INC. 03-20-2000 90048 024 ***150.00 Principal Place of Business Mailing Address 21 FRÚEAN WAY % JOSEPH A. PICCIONE 111 N. POMPANO BEACH BLVD. APT. #609 UNIT #4 POMPANO BEACH FL 33062 S. YARMOUTH MA 02664-1690 N0030177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0048752 Not Applicable Zip Country Zipi Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PICCIONE, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 111 N. POMPANO BEACH BLVD. SUITE 609 POMPANO BEACH FL 33062 Zin Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE PICCIONE, JOSEPH A. NAME NAME STREET ADDRESS 111 N. POMPANO BCH. BLVD STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP POMPANO BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental effort 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE:

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