## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2004 08:00 AM **Secretary of State** DOCUMENT # P00000024031 1. Entity Name 121 DIGITAL PRINTING, INC. Mailing Address Principal Place of Business 7155 N.W. 52ND ST 7155 N.W. 52ND ST MIAMI, FL 33166 MIAMI, FL 33166 01302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0985851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRIED, MARK E DO NOT WRITE 1110 BRICKELL AVE., SUITE 700 MIAMI, FL 33131 IN THIS SPACE 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U000000030871 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 02/04/04-80128-003 150.00 Trust Fund Contribution. \_\_ Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME BRODY, DAVID M STREET ADDRESS 9156 COLLINS AVENUE, SUITE 405 SURFSIDE, FL 33154 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. 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 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - \$T - ZIP

UHE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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FILED