


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90121 010 \*\*\*150.00

**DOCUMENT # P00000068747**

1. Entity Name  
**XHIBITS POSTER GALLERY, INC.**



Principal Place of Business  
**2001 TYLER STREET  
HOLLYWOOD FL 33020**

Mailing Address  
**16845 SW 49TH COURT  
HOLLYWOOD FL 33027**



2. Principal Place of Business  
**1205 NE 163rd St.**  
Suite, Apt. #, etc. **221**

3. Mailing Address  
**16845 SW 49th Court**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**North Miami Beach FL**

City & State  
**Miramar FL**

Zip Country  
**33162 USA**

Zip Country  
**33027 USA**

4. FEI Number **65-1027593**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAIN, JANICE J  
16845 SW 49 COURT  
MIRAMAR FL 33027**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

~~FILE NOW!!! FEE IS \$150.00~~  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>BAIN, JANICE J</b>	
STREET ADDRESS <b>16845 SW 49TH COURT</b>	
CITY-ST-ZIP <b>MIRAMAR FL 33027</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>JACKSON, STEVE E SR</b>	
STREET ADDRESS <b>16845 SW 49TH COURT</b>	
CITY-ST-ZIP <b>MIRAMAR FL 33027</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE  **4-22-03** **305-787-1571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)