

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


**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

5/5

05-05-2003 91392 002 \*\*\*150.00

DOCUMENT # **POI000050764**

1. Entity Name  
**AMERICAN DIGITAL GRAPHICS, INC**



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**55044600**

2. Principal Place of Business <b>AMERICAN DIGITAL GRAPHICS INC.</b> Suite, Apt. #, etc. <b>SUITE I</b>		3. Mailing Address <b>6041 KIMBERLY BLVD.</b> Suite, Apt. #, etc. <b>SUITE I</b>	
City & State <b>NORTH LAUDERDALE, FL</b>		City & State <b>NORTH LAUDERDALE FL</b>	
Zip <b>33068</b>	Country <b>USA</b>	Zip <b>33068</b>	Country <b>USA</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-1130763</b>		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>MICHAEL MONTAG</b> Street Address (P.O. Box Number is Not Acceptable) <b>4131 NW 58 ST.</b> City <b>COCONUT CREEK</b> FL Zip Code <b>33073</b>		

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT DAVID SUCHER 1617 NW 58 AVE NORTH LAUDERDALE, FL 33063</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC. TREAS. MICHAEL MONTAG 4131 NW 58 ST. COCONUT CREEK, FL 33073</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL MONTAG**

**4/30/03**

Daytime Phone #

**954-479-1143**

CR2E034B (12/02)