FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



/ OX

DOCUMENT #P01 000067197

1. Entity Name

COAQUIX # IMACE IALE

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WAY COOL GRAPHIN & IMAGES, 170			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE	IN THIS SPA	\CE	TALLAHASSEE, FL	AUFIO.
2. Principal Place of Business 15T AYE 3. Mailing Address		15 Ave	90002351 10/02/030107201	3 839 8 **150.00
Suite, Apt. #, etc. Suite #54	Suite Apt. #, etc. Suite #54		DO NOT WRITE IN THI	
City & State BOCA RATON, FC	City & StateBoca RAT		4. FEI Number 65-1121372	Applied For Not Applicable
Zip 33431 Country A	Zin 33431	US 4	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name DO NOT WRITE IN THIS SPACE Street Address (F.O. Box Number is Not Aggreptable) Line Street Address (F.O. Box Number is Not Aggreptable) Street Address (F.O. Box Number is Not Aggrep				
SIGNATURE Signature, typed or printed name of registered agent 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"	gistered Agent signature required	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND I TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND I CARTER, DANIEL YZGO NW I-AVE BOCA RATON, FL	#54	TITLE NAME STREET ADDRESS CITY ST - ZIP		0348 (12/02)
TITLE NAME PAYNE CHRISTOPH STREET ADDRESS CITY-SI-ZIP DOCA RATON, FL	e/ : DN 3349C	NAME STREET ADDRESS CITY-ST-ZIP		CHZEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS - CITY-ST-ZIP	DO NOT WR	IITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CHY-ST-ZIP	IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 on an attachment with an address, with all order like empowered.				
SIGNATURE: 7/8/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Proce #				





September 19, 2003

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL. 32302-1500

Ref: Prior Notice

Dear D.O.C.,

I've attached a UBR form for Way Cool Graphix & Images, Inc.. Apparently, we did not receive at our postal mailing address the original UBR to file. We respectfully request a waiver of the late fee per Florida Statute 607.193.

We have enclosed the filing fee of \$150.

Miller Daniel Carter

President