2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

OL, AUG 25 PM 12: 34 DOCUMENT # P01000074707 1.. Entity Name UNIQUE GRAPHICS, INC. (1) SECRETARY OF STATE Principal Place of Business Mailing Address 5201 NW 37TH AVENUE 246 WIMBLEDON LAKE DR PLANTATION, FL 33324 **BAY 103** TAMARAC, FL 33309 1 2. Principal Place of Business Mailing Address W. SUPPLIE BUILD 7421 NW 16th ST. Suite, Apt. #, etc. 03212003 CR2E034 (10/03) Chg-P BLDG. B 201 Applied For 4. FEI Number MOTATION 65-1134334 Not Applicable \$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 ANDREW FOSTER MYRON, HAL 246 WIMBLEDON LAKE DR PLANTATION, FL 33324 13-201 City PLANTATION 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. KOSTER 08/19/04 HAL MYRON (NOTE: Registered Agent signature required when reinstating) Schature, lybed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT Delete TITLE TITLÈ Change ☐ Addition FOSTER, ANDREW C FOSTER, ANDREW C NAME NAME 5 WG B-201 THIS NOW ILLE STREET STREET ADDRESS 7451 NW 16 STREET BLDG B-201 STREET ADDRESS CITY-ST-ZIP PLANTATION **PLANTATION, FL 333135199** ,FL 33313 CITY-ST-7F U.P. ☐ Delete TITLE Change Addition TITLE HERMEL FOSTER NAME NAME BLOG. BZOI STUKET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE PLANTATION Delete Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS 800040644543 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change NAME -NAME - ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 4) 484-9923 SIGNATURE:

FILED