

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90185 037 \*\*\*550.00

0925708 AV

**DOCUMENT #** P01000108898

**1. Entity Name**  
EROS GRAPHICS INC.



**Principal Place of Business**  
3647 CORAL TREE CIRCLE  
COCONUT CREEK FL 33073

**Mailing Address**  
3647 CORAL TREE CIRCLE  
COCONUT CREEK FL 33073

*Claudette Brown*

**2. Principal Place of Business**  
3647 CORAL TREE CIRCLE

**3. Mailing Address**  
3647 CORAL TREE CIRCLE

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

**City & State**  
COCONUT CREEK FL

**City & State**  
COCONUT CREEK FL

**Zip** 33073 **Country** USA

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**4. FEI Number** 65-1156614

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROWN, CLAUDETTE V**  
3647 CORAL TREE CIRCLE  
COCONUT CREEK FL 33073

**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 *Claudette Brown*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWN, CLAUDETTE V</b> 3647 CORAL TREE CIRCLE COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BROWN, STUART U</b> 3647 CORAL TREE CIRCLE COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Claudette Brown* **REQUIRED** *9/24/03*

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)