


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90394 007 ***150.00

DOCUMENT # P02000024075	
1. Entity Name N2N Graphics, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3480 8th Ave. N.	3. Mailing Address 6860 Gulfport Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	# 307

DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 03-0410765	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 33713	Country USA	Zip 33707	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Nelson J. Ferrer	
Street Address (P.O. Box Number is Not Acceptable) 3480 8th Ave North	
City St. Petersburg,	FL Zip Code 33713

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 **Nelson J. Ferrer** *Nelson J. Ferrer* **4/28/03**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Nelson J. Ferrer 3480 8th Ave. N. St. Petersburg, FL 33713	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: **Nelson J. Ferrer** *Nelson J. Ferrer* **4/28/03** **(727) 686-6659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)