

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90056 024 \*\*\*150.00

DOCUMENT # **P02000029477**



1. Entity Name  
**ADVANCED DIGITAL DESIGN GRAPHICS, INC.**

Principal Place of Business  
**6640 RIVERMILL CLUB DRIVE  
LAKE WORTH FL 33463**

Mailing Address  
**6640 RIVERMILL CLUB DRIVE  
LAKE WORTH FL 33463**

2. Principal Place of Business  
**6640 Rivermill Club Dr**

3. Mailing Address  
**Same as**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**ABOVE**

City & State  
**Lake Worth FL**

City & State

4. FEI Number  
**30-0048961**

Applied For  
Not Applicable

Zip  
**33463**

Country  
**Palm Bch**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TERRACCINAO, JAMES  
6640 RIVERMILL CLUB DRIVE  
LAKE WORTH FL 33463**

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 *James Terracciano*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TERRACCINAO, JAMES 6640 RIVERMILL CLUB DRIVE LAKE WORTH FL 33463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD TERRACCINAO, JANINE 6640 RIVERMILL CLUB DRIVE LAKE WORTH FL 33463</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Terracciano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (10/02)