FILED Mar 10, 2003 8:00 am Secretary of State 02-03-2003 90125 002 ***150.00

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| 2003 F | OR PRO | OFIT CO | RPORĂT | TION |
|---------------|--------|---------|---------|-------|
| <u>UNIFOR</u> | M BUSI | NESS R | EPORT (| (UBR) |

| Principal Place of Business 1463 W. 1980 ST 1463 W. 1980 ST 1464 W. 1980 ST | DOCUMENT # P0200086119 1. Entity Name CB SIGNS & DIGITAL GRAPHICS, INC. | | | | | | 02 03 2003 901 | 25 002 | 130.00 | |
|---|--|---|-----------------|---------------------|--|--|--|---------------|--------------|-----------------|
| SUIGN APILE # GEO. SUICE APILE # GEO. CITY & State CITY & State COUNTY Zip. COUNTY Zip. COUNTY Zip. COUNTY S. Certificiple of Status Desired S. Nerma and Address of Current Registered Agent T. Name and Address of Status Desired S. Nerma and Address of Current Registered Agent T. Name and Address of New Registered Agent STORATION, CATERINA BOULTON, CATERINA BOULTON, CATERINA City Street Address (P.O. Box Number a Not Acceptable) City FL. Zip Code T. Name and Address of New Registered Agent City FL. Zip Code S. Nermand anning public to this statement for the purpose of changing as registered differ or registered agent, or booth, in the State of Fibrida. Tem familiar with, and accept the three deligations of registered Agent. SIGNATURE FILE NOW!!! FEE INSIGNOUS Address (P.O. Box Number a Not Acceptable) FILE NOW!!! FEE INSIGNOUS Address (P.O. Box Number a Not Acceptable) SIGNATURE FULL Zip Code FILE NOW!!! FEE INSIGNOUS Address (P.O. Box Number a Not Acceptable) SIGNATURE FULL Zip Code FILE NOW!!! FEE INSIGNOUS Address (P.O. Box Number a Not Acceptable) SIGNATURE FULL Zip Code FILE NOW!!! FEE INSIGNOUS Address (P.O. Box Number a Not Acceptable) SIGNATURE FULL Zip Code FILE NOW!!! FEE INSIGNOUS Address (P.O. Box Number a Not Acceptable) SIGNATURE | 11421 S.W. 193RD ST. 11421 S.W. 193RD ST. | | | | | | | | | |
| City & State S. Certificate of Status Desired Replication Replication Respective Replication Respective Replication Respective Respectiv | 2. Principal | Place of Business | 3. Mailir | ng Address | | | 1 (2016) 11 (001) 11 (101) BULL ORING BULL |) |] []]]] | |
| ### Country Zip Country S. Certificate of Status Dasived \$8.75 Additional Fee Required Not Applicable See Required See Required | Suite, Apt. #, etc. | | Suite, | Suite, Apt, #, atc. | | | CHECK HERE IF MAKING CHANGES | | | |
| See Name and Address of Current Registered Agent | City & State | | City & State | | | | | |] | |
| BOULTON, CATERINA 11421-S.W. 183RD ST. MIAMI FL 33157 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered lagent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered lagent, or b | Zip . | | | | Country | | ` | \$8.75 A | dditional | 1 |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered Agent. SIGNATURE SIGNATURE FILE NOWN!! FEE ISSISDO After (Leg 1, 2003) Fee will be \$550.00 Make Check Payablo to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 MAKE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P MIAMI FL 33157 TILE BOULTON, CATERINA SIREST ADDRESS OTY-ST-2P TILE SIREST ADDRESS OTY-ST-2P TILE SIREST ADDRESS OTY-ST-2P SIREST ADDRESS OTY-ST-2 | 4 | 6. Name and Address of Curren | t Registered | Agent | | . , , 7. | Name and Address of New Registered | f Agent | | 1 |
| Sireer Address (P.O. Box Number is Not Acceptable) MAMI FL 33157 | POURTOR | AL CATERIAL | | | | ـ بـــــــــــــــــــــــــــــــــــ | | | - |]_ |
| B. The above named entity submits this statement for the purpose of changing its registored office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered Agent. SIGNATURE Speaker, typical or power name or registered agent and late I applicable. (NOTE Registered Agent Age | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered Agent. SGNATURE Committee Committee | MIAMI FL | . 33157 | | | | | · · · · · · · · · · · · · · · · · · · | | | 1 |
| B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered Agent. SIGNATURE FILE NOW!!! FEE IS\\$150.09 After (Agy 1, 1003) Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | | | | | City | | FI | Zip Cod | de | 1 |
| After (Tay 1, 2003) Fee will be \$\$50.00 May Be Make Check Payable to Florida Department of State 10. | SIGNATURE | Attions of registered agent. | | | | • | | familiar with | , and accept | - |
| TITLE NAME SULUTON, CATERINA 11421 S.W. 193RD ST. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Afte | or May 1, 2003) Fee will be \$550.00 k Payable to Florida Department of | 1 State | • | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10. | OFFICERS AND | DIRECTORS | 3 | 11. | A | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTOR | IS IN 11 | 1 |
| STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TILLE STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | BOULTON, CATERINA 11421 S.W. 193RD ST. | | Celete | NAME STREET ADDRESS | | | Change | Addition | CR2E034 (10/02) |
| NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP | NAME STREET ADDRESS | BOULTON, CATERINA 11421 S.W. 193RD ST. | | ☐ Delate | NAME STREET ADDRESS | | | Change | Addition | CR2E |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | | | Delete **- | NAME STREET ADDRESS | | | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP CITYE Delets TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHAnge Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | NAME STREET ADORESS | | | ☐ Delete | NAME Street adoress | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | name Street adoress | | | ☐ Delete | NAME Street address | | | Change | Addition | |
| 14. LIGHTED VICHDAY THAT THE IDECTION SUDDING WITH THIS THIRD ADORS NOT CHOOSE AND ADDRESS AND ADDRESS AND ADDRESS OF A CONTRACT | name Street address City-St-Zip | ertify that the information supplied with | this filing do: | | NAME STREET ADDRESS CITY-ST-ZIP | ed in Socie | 110 07/0V/A Florida Octo | | | |

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: