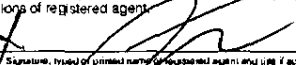
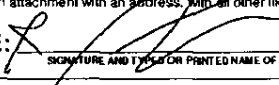


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000086711		
1. Entity Name BAD ASS INK CORPORATION		
Principal Place of Business 600 SW 11TH AVENUE HALLANDALE, FL 33009		Mailing Address 600 SW 11TH AVENUE HALLANDALE, FL 33009
2. Principal Place of Business → U.S.A. FIREMARKET Suite, Apt. #, etc.		3. Mailing Address 3015 NW 79 ST. Suite, Apt. #, etc. Booth B-31
City & State MIAMI, FL		4. FEI Number 59-3763865
Zip 33147	Country U.S.A.	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHPREJER, ALEXIS D 600 SW 11TH AVENUE HALLANDALE, FL 33009		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 		DATE 4-29-03
FILE NOW WITH 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 PRES		TITLE
NAME SCHPREJER, ALEXIS D		NAME
STREET ADDRESS 600 SW 11TH AVENUE		STREET ADDRESS
CITY-ST-ZIP HALLANDALE, FL 33009		CITY-ST-ZIP
Delete ☐		Change ☐ Addition ☐
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
Delete ☐		Change ☐ Addition ☐
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
Delete ☐		Change ☐ Addition ☐
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
Delete ☐		Change ☐ 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 or other like empowered.		
SIGNATURE: 		DATE 4-29-03
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE
		Daytime Phone #

THIS IS my
Home
mailing address 11039703



☐ CHECK HERE IF MAKING CHANGES

NAME AND
ADDRESS OF
FIREMARKET
where
business is
located

CR2E034 (10/02)