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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

THIS IS my "Home" mailing address 11039703

Principal Place of Business	Mailing Address
600 SW 11TH AVENUE HALLANDALE, FL 33009	600 SW 11TH AVENUE HALLANDALE, FL 33009

NAME AND ADDRESS OF FLEAMARKET WHERE BUSINESS IS LOCATED

2. Principal Place of Business	3. Mailing Address
U.S.A. FLEAMARKET	3015 NW 79 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Booth B-31
City & State	City & State Miami, FL
Zip / Country	Zip 33147 / Country U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3763865 ☐ Applied For ☐ Not Applicable

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
SCHPREJER, ALEXIS D 600 SW 11TH AVENUE HALLANDALE, FL 33009	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: [signature] 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	PRES SCHPREJER, ALEXIS D 600 SW 11TH AVENUE HALLANDALE, FL 33009	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #