2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000096819 DOCUMENT # 05-05-2003 91844 034 ***150.00 1. Entity Name GRAPHARMIX MEDIA. INC. Principal Place of Business Mailing Address 109 W. YALE ST. 109 W. YALE ST. ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address 5401 S. Krekman 5401 Sikirkman Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 310 Applied For City & State City & State 4. FEI Numbe Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, DAVID ess (P.O. Box Number is Not Acceptable) 109 W. YALE ST. ORLANDO FL 32804 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete President Addition TITLE TITLE ☐ Change WALKER, DAVID BRADIEY A. LUC NAME NAME 109 W. YALE ST. STREET ADDRESS STREET ADDRESS 523 Saddlewood Lane w ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIP Winter Springs, FL. 32708 ☐ Change TITLE ☐ Delete TITLE Skvice President NAME NAME awrence O. FHzgerald Jr. STREET ADDRESS STREET ADDRESS 255W 5th WAY CITY-ST-ZIP CITY-ST-7IP BOCA RATION. Change. TAKOSUTER TITLE Delete . 🗀 Addition. TITLE NAME NAME David WAIKER Jr. STREET ADDRESS STREET ADDRESS 919 Mead Ave CITY-ST-7IE CITY-ST-7IP WINTER PARK, T Secretary Lawrence O. Fitzgerald SR. ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME 293 Del Rio Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE BOCA RATION, FL. 33432 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IE

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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

☐ Delete

Change

Addition