2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097471

FILED Jan 21, 2009 Secretary of State

Entity Name: MOBILE GRAPHIX, INC. **Current Principal Place of Business: New Principal Place of Business:** 619 NORTH HIGHLANDS DRIVE HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 619 NORTH HIGHLANDS DRIVE PO BOX 13702 HOLLYWOOD, FL 33021 GAINESVILLE, FL 32604 US FEI Number: 20-5254689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROTHSTEIN, JACOB S 619 NORTH HIGHLANDS DRIVE HOLLYWOOD, FL 33021 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ROTHSTEIN, JACOB S ROTHSTEIN, JACOB S Name: Name: 619 NORTH HIGHLANDS DRIVE 619 NORTH HIGHLANDS DRIVE Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 US City-St-Zip: HOLLYWOOD, FL 33021 US

Title: () Delete Title: CFO () Change (X) Addition JACOBS, NEIL S Name: Name: Address: Address: 9166 NW 49TH CT SUNRISE, FL 33351 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB S. ROTHSTEIN CEO 01/21/2009