, 2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State **DOCUMENT # P9300000079** 1. Entity Name COMPUGRAPHICS CORPORATION 05-03-2001 90082 016 ***150.00 Mailing Address Principal Place of Business P.O. BOX 6183 30357-G U.S. 19 N HUDSON FL 34674 CLEARWATER FL 34621 3. Mailing Address 2. Principal Place of Business 1010 102h 103h 1010 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 100 100 Applied For 4. FEI Number City & State 59-3157863 City & State Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required USB 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corporate Creations Network Inc Buntin. Robert Street Address (P.O. Box Number is Not Acceptable) 5577 OAKRIDGE DR 941 4th Street Ste. 200 PALM HARBOR FL 34685 Miami Beach FL 8. The above named entity submits this statement in the purpose of changing its registered office or registered agent, or both, in the State of Florida. ne of registered agent and title if FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 3R2E034 (10/00) Bunting Robert 1860 Hidden Meadon Dr D ☐ Delete TITLE TITLE NAME BUNTIN, ROBERT NAME STREET ADDRESS STREET ADDRESS 5577 OAKRIDGE DR. CITY-ST-ZIP Beno - NV CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Addition Change TITLE ☐ Delete TITLE NAME TRAVIS, HAZEL NAME STREET ADDRESS STREET ADDRESS 5577 OAKRIDGE DR. 89502 CITY-ST-ZIP CITY-ST-7iP PALM HARBOR FL 34685 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME

13. 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 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Bunk Robert Burdin

Delete

4-25-1

303-279-2002

☐ Change

☐ Addition

Daytime