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Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90150 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020949

1. Entity Name
VANTAGE POINT TYPE & GRAPHICS, INC. ✓

Principal Place of Business	Mailing Address
~~52 W OAKLAND PARK~~ ~~FORT LAUDERDALE, FL 33311~~ US	52 W OAKLAND PARK SUITE 108 HOLLYWOOD, FL 33020 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 4140 NW 11 AVE	3. Mailing Address: ← SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FL	City & State
Zip: 33309 — Country: USA	Zip — Country

4. FEI Number: 65-0396811 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS N, DONALD
52 W OAKLAND PARK BLVD 226
WILTON MANORS, FL 33311

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4140 NW 11 AVE
City: FORT LAUDERDALE — FL — Zip Code: 33309

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ________

[illegible]

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST MORRIS, DONALD R 824 NW 30TH ST WILTON MANORS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4140 NW 11 AVE FORT LAUDERDALE, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, DONALD 824 NW 30TH ST WILTON MANORS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 all other like empowered.

SIGNATURE: [signature] 4/28/03 954-599-4515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)