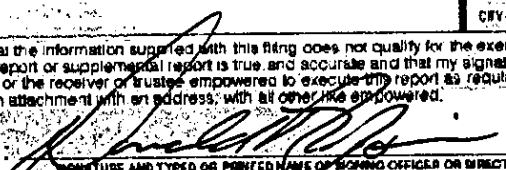


FILED
Apr 30, 2003 8:00 am
Secretary of State

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 52 W OAKLAND PARK FORT LAUDERDALE, FL 33311 US		Mailing Address 52 W OAKLAND PARK SUITE 108 HOLLYWOOD, FL 33020 US	
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 65-0398811		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 _____ (NOTE: Registered Agent Signature Required when registering) Signature, typed or printed name of registered agent and date if applicable. DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVST MORRIS, DONALD R. 824 NW 30TH ST WILTON MANORS, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORRIS, DONALD 824 NW 30TH ST WILTON MANORS, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4140 NW 11 AVE FORT LAUDERDALE, FL 33309	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-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: 		4/28/03 954-599-4515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CIRCE034 (10/02)