2002 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2002 8:00 am P93000050999 DOCUMENT # **Secretary of State** 1. Entity Name 02-28-2002 90060 021 ***150.00 FINE GRAPHICS, INC. Principal Place of Business Mailing Address 6708 PINES BLVD 6708 PINES BLVD PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0424620 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DUVALL, FARIN** Street Address (P.O. Box Number is Not Acceptable) 6708 PINES BLVD PEMBROKE PINES FL 33024 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CE2F034 (9/01) TITLE ☐ Delete TITLE ☐ Addition **DUVALL, FARIN** NAME NAME STREET ADDRESS 221 N 68 WAY STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE TD NAME DUVALL, FARIN STREET ADDRESS STREET ADDRESS 221 N. 68 WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE. Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachment with an add

FARIN DOVALL