2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 16, 2001 8:00 am Secretary of State 01-16-2001 90049 007 ***150.00 DOCUMENT # P94000057263 EXTRA! EXTRA! GRAPHICS, INC. Principal Place of Business Mailing Address 2390 26TH AVE N P.O. BOX 60666 ST. PETERSBURG FL 33784-0666 ST. PETERSBURG FL 33713 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State 59-3258652 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VOORHIS, JOHN L 1847-BONITA WAY'S 2400 FAIRWAY DUE SOUTH Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 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. Change ☐ Detete PO BOX 6039 6 2400 FAIRWAY AVE SOUTH VOORHIS, JOHN L NAME STREET ADDRESS STREET ADDRESS 1847 BONITA WAYS CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Delete TITLE VOORHIS, JILL NAME NAME GOSSE 2400 FAIRWAY AVE South STREET ADDRESS STREET ADDRESS 1847 BONITA WAY S 33712 CITY-ST-ZIP ST. PETERSBURG FL 33712 Change. ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 address with all other like empowered.