CR2E034 (9/01

FILED

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # P95000007252 1. Entity Name ISLAND GIRL GRAPHICS, INC. 04-08-2002 90067 020 ***150.00 Mailing Address Principal Place of Business 1208 N. UNIVERSITY DR 1208 N. UNIVERSITY DR PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0574659 Not Applicable Zip 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 STEVENSON, CAPTAIN DICK Street Address (P.O. Box Number is Not Acceptable) 1208 NORTH UNIVERSITY DR. PLANT/\$TION FL 33322 Zip Code 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) DATE 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition NAME BEATRIZ, NIECKELE NAME STREET ADDRESS STREET ADDRESS 1208 N. UNIVERSITY DR CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STEVENSON, CAPT. DICK STREET ADDRESS STREET ADDRESS 1208 N. UNIVERSITY DR CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33322** Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

3/30/01

Daytime Phone #