2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P9700004614 JM PRINTING ENTERPRISES, INC. 01-24-2001 90047 041 ***150.00 Principal Place of Business Mailing Address 4855 PARK STREET NORTH C/O SIR SPEEDY PRINTING ST. PETERSBURG FL 33709 4855 PARK STREET NORTH SAINT PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FF! Number 59-3426457 Not Applicable Zip Country 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 ENGLANDER & FISCHER, P.A. Street Address (P.O. Box Number is Not Acceptable) 721 FIRST AVENUE NORTH ST. PETERSBURG FL 33701 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 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDERSON, JEFFREY J NAME NAME 4855 PARK STREET NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition ANDERSON, MATTHEW K NAMÉ NAME **4855 PARK STREET NORTH** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33709 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 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 of the corporation or the xec changed, or on an attachin n address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF