2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jan 21, 2003 8:00 am **Secretary of State** P97000017644 DOCUMENT # 01-21-2003 90229 011 ***150.00 1. Entity Name AG GRAPHICS, INC. Principal Place of Business Mailing Address 70012989 804 NE 75 ST 804 NE 75 ST **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3436991 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired " " " Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORTZ, ALBERT W ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 340W **BOCA RATON FL 33431** City 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete GROSS, ALISON NAME NAME 804 NE 75TH ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CffY-ST-ZiP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 trugtee 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 ddress, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED