FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 24, 2002 8:00 am P97000051762 Secrétary of State DOCUMENT # 1. Entity Name 07-24-2002 90140 039 ***150 00 KJR INK, INC. Principal Place of Business Mailing Address 7889 SPRINGFIELD DRIVE 7859 SPRINGFIELD DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467 ÜŜ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0756998 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 JENNER, KARYN Street Address (P.O. Box Number is Not Acceptable) 7859 SPRINGFIELD LAKE DRIVE LAKE WORTH FL 33467 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. (NQTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PSTD** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME JENNER, KARYN NAME 7859 SPRINGFIELD LAKE DRIVE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP

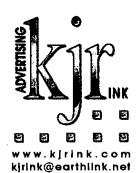
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10202 561-648-005

Affechment



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7/23/02

To whom it may concern,

KJR Ink, Inc. did not receive prior notice informing them that filing fees were due. I have enclosed a check for \$150.00 respectfully.

Sincerely yours,

Karyn Jenner

7 8 5 9 springfleld lake dr. lakeworth, fl 33467

tel....561.642.0053 fax....561.642.2524