MAY-24-02 FRI 10:40 AM FAX NO.

5/8/20

FILED
Jun 10, 2002 8:00 am
Secretary of State
05-08-2002 90029 045 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088304

92381

1. Entity Name
Digital Works, INC. DBA EPrintAdvantage

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5105 E. 41st Avenue
Suite, Apt. #, etc.
City & State
Denver, Co 80218
Zip 80216 County USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip County

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3475729
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Robert M. Weldon, CPA
Street Address (P.O. Box Number is Not Acceptable)
101 Main Street
Suite B
City Safety Harbor FL Zip Code 34695-3656

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 Robert M. Weldon, C.P.A. ROBERT M. WELDON 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1st thru May 1st Fee is $150.00
After May 1st Fee is $550.00
Amount of UBR is $138.75
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Bruce Ganger
STREET ADDRESS	880 Arapahoe Street Apt 2801
CITY-ST-ZIP	Denver, Co 80202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D
NAME	Jerry Dackerman
STREET ADDRESS	800 Pennsylvania St Apt 1505
CITY-ST-ZIP	Denver, Co 80203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: 4/30/02 303-320-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #