## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am & Secretary of State P97000088485 DOCUMENT # 1. Entity Name DIGITAL COLOR TECHNOLOGIES, INC. Principal Place of Business Mailing Address 12399 SW 53RD ST 12399 SW 53RD ST BLDG 100- STE 102 BLDG 100- STE 102 COOPER CITY FL 33330 COOPER CITY FL 33330 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 65-0790041 Not Applicable Zip Zip Country 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 NATIONAL CORPORATE RESEARCH, LTD. INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE #2 TALLAHASSEE FL 32301 City Zip Code 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change ☐ Addition HANDIS, GARY NAME NAME 23444 MIRABELLA CIR SO STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition ROGGIO, JAMES NAME NAME STREET ADDRESS 954 MADISON PL STREET ADDRESS CITY-ST-ZIP **MERRICK NY 11566** CITY-ST-ZIP TITLE Delete 3801 S. Ocean Prive A Change TITI F · 🔲 Addition NAME LATREILLE, RAOUL NAME -2133 RENAISSANCE BLVD-APT-306-STREET ADDRESS STREET ADDRESS Hollywood, FL 33019 CITY-ST-ZIP MIRAMAR FL-33025-CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BENDER, ROBERT NAME 180 WEST END AVE #30E STREET ADDRESS STREET ADDRESS **NEW YORK NY 10023** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truspee 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:

SIGNING OFFICER OR DIRECTOR