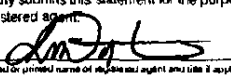
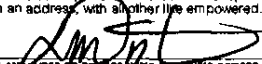


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91770 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096578			
1. Entity Name MEGACOLOR GRAPHIX, INC.			
Principal Place of Business 8362 PINES BLVD SUITE 351 PEMBROKE PINES, FL 33024 US		Mailing Address 8362 PINES BLVD SUITE 351 PEMBROKE PINES, FL 33024 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-3480013		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYNTER, ANTHONY R. 2431 SW 84 TERRACE MIRAMAR, FL 33026		7. Name and Address of New Registered Agent Name ANTHONY WYNTER Street Address (P.O. Box Number is Not Acceptable) 1500 SW 87 TERR City PEMBROKE PINES FL Zip Code 33025	
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  DATE 4/30/03 (Sign for 6, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when registering)			
9. Election Campaign Financing Trust Fund Contribution, ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DPT	☐ Delete	
NAME	WYNTER, ANTHONY R		
STREET ADDRESS	2431 SW 84 TERR.		
CITY-ST-ZIP	MIRAMAR, FL 33026		
TITLE	DVS	☐ Delete	
NAME	WYNTER, CAMILLE A		
STREET ADDRESS	2431 SW 84 TERR.		
CITY-ST-ZIP	MIRAMAR, FL 33026		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.			
SIGNATURE: 		DATE: 4/30/03 (305) 776-5971	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

PRESIDENT.