

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90245 005 ***150.00

DOCUMENT # P98000041756

1. Entity Name
DPI, DIGITAL PRINTERS INTERNATIONAL, INC.

Principal Place of Business
16200 NORTHEAST 13TH AVENUE
MIAMI FL 33162

Mailing Address
16200 NORTHEAST 13TH AVENUE
MIAMI FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0834708		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WEITHORN, MARK % DPI 16200 NORTHWEST 13TH AVENUE MIAMI FL 33162				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, GLENN		NAME		
STREET ADDRESS	16200 NORTHEAST 13TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33162		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<u>PRESIDENT, DIRECTOR</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITHORN, MARK		NAME		
STREET ADDRESS	16200 NORTHEAST 13TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33162		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<u>SECRETARY TREASURER, DIRECTOR</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NG, KEIRON		NAME		
STREET ADDRESS	16200 NORTHEAST 13TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33162		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-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 REQUIRED 4/29/02 305-948-2311
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)