


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91883 019 ***150.00

DOCUMENT # P98000068263 1. Entity Name GORILLA GRAPHICS INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11369 Ashboro Drive Suite, Apt. #, etc.	3. Mailing Address P.O. Box 771315 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Orlando, Florida	City & State Orlando, Florida	4. FEI Number 59-3565231	Applied For <input type="checkbox"/> Not Applicable
Zip 32837	Country USA	Zip 32877	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Steven Sievers
Street Address (P.O. Box Number is Not Acceptable)	
11369 Ashboro Drive	
City	Orlando, Florida
FL	Zip Code 32837

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 Steven Sievers DATE 05-01-03

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Sievers 11369 Ashboro Drive Orlando, Florida 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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

SIGNATURE: Steven Sievers DATE 05-01-03 DAYTIME PHONE # 407-841-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #