

FILED

Mar 02, 2001 8:00 am
Secretary of State

1. Entity Name
SLY GRAPHICS CORP.

Principal Place of Business	Mailing Address
1525 SW 101ST WAY #206 PEMBROKE PINES-FL 33025	C/O BRIAN LYNN 2 S UNIVERSITY DRIVE STE 215 PLANTATION FL 33324

CU028897

2. Principal Place of Business 3300 Rolling Hills Circle Suite, Apt. #, etc. 309 City & State DAVIE FL Zip 33328		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
SLY, GRANT 3300 ROLLING HILLS CIRCLE #309 DAVIE FL 33328	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLY, GRANT 3300 ROLLING HILLS CIRCLE APT 309 DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/00)