2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000034558 1. Entity Name

5/24

FILED Jul 07, 2000 8:00 am Secretary of State

| Entity Name | 10 | | | | / | n | Secreta | arv (|)† | State | e |
|---------------------------------|------------------|--|---|--------------|--|-------------------------------|--|--------------|--------|---------------------|------------|
| MONKGRAFIX. INC. | | | | | | 1 | Secretary of State 05-24-2000 90029 036 ***150.00 | | | | |
| Principal Plac | e of Busines | s | Mailing Address | | | | | | | | |
| san dollai Rmond Beac | | | 13 SAN DOLLAR DRIVE ORMOND BEACH FL 32176-2188 | | | | ; | | | | |
| 2. Principal P | Place of Busin | ness | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, elc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN T | | | | |
| City & Stat | e | | City & State | | | 4.2 | 4. FEI Number Applied For 59-35682340 Not Applicable | | | | |
| Zip | | Country | Zip | ntry | | Certificate of Status Desired | \$8.75 | Addi | tional | | |
| | A 41 | |) | <u> </u> | | | Name and Address of New Poplets | | 401100 | <u></u> | -{ |
| | o. Name | and Address of Current F | regristered Agent | | Name | /. [| Name and Address of New Registe | eu Agent | | | 1 |
| | | | | | 1 (ACTIVIES | | | | | | ł |
| SCHWARZ, WARREN | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
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| ORM | ond beac | H FL 32176 | | | | | • | | | | 1 |
| | | ٠ | | | City | | | FL Zip | Code | _ | 1 |
| The obsue | nomed costs | a demits this statement for | the surgers of changing its | rogistar | ed office or « | anistored an | ent, or both, in the State of Florida. | | | | 1 |
|), IIIQ ALOVO | Harrist Still | A SCOUNTS THIS STOTE HEALT TO | the purpose of changing ha | 10812101 | ou omee or re | agratered ag | on, or oout, in the etails of Forest. | | | | 1 |
| SIGNATURE . | | | | | | | · | | | | |
| | Signature, typed | or printed name of registered agent as | nd title if applicable. (NOT) | E. Registere | id Agent signature | required when re | einstating) Di | ME | | |] |
| 9. This corpo | oration is elia | ible to satisfy its Intangible | FILE NOW | !!! FEE | IS \$150.00 |) | 10 51 11 0 0 11 5 | | - 00 | • |) |
| | | and elects to do so. | After MAY 1, 2000 Fee will be \$550.00 | | | | Election Campaign Financing Trust Fund Contribution. | | |) May Be to Fees | 1 |
| (See criter | ria on back) | □ | Make Check Payat | | | | Hast Fana Controction. | | iooeu | 10 1-803 | ſ |
| 11. | | OFFICERS AND D | DIRECTORS | 12. | | AD | DITIONS/CHANGES TO OFFICERS | AND DIREC | TORS | IN 11 | 1 |
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| 13. I hereby | certify that th | e information supplied with | this filing does not qualify fo | r the exe | motion states | d in Section | 119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; the | certify that | the in | formation | |
| indicatéd | on this renor | rt or supplemental report is: | true and accurate and that r | annie va | ture shall hav | re the same l | legal effect as it made under gath: th | atlam an o | mcar C | or director | L. |

13. I hereby certify that the information supplied with this filling 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 employered 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:

NATURE AND TYPED OR PROVIDENCE OF SIGNING OFFICER OR DIRECTOR

4-27-2000

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