2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1439 CAPRI LANE

DOCUMENT # P9900050201

1. Entity Name

1439 CAPRI LANE

Principal Place of Business

FOX GRAPHIC DESIGN STUDIO, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90277 043 ***150.00

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WESTON FL 3	33326		WESTON FL 33326							
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2. Principal P			3. Mailing Address					Defit Buill Blief	##### 00 0 0	
3210 SW 17th ST.			3210 5W 17th st.							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	te		City & State				FEI Number FO GEOGET			pplied For
Fort Landerdale, FL			Fort LAuder	FL	"	59-358657	1		lot Applicable	
Zip 333 (2		Country Broward	Zip 333_	Coun	try	5.	Certificate of Status Desired		\$8.75 Ac	
	-6. Name	and Address of Curren	Registered Agent			7:-	Name and Address of New	Registered	Agent* -	~-
					Name					
KING, MAI	rk				Chance A dirt	/50 :	Tan North and to All CA	1-1		
3890 W. COMMERCIAL BLVD			<i>\$</i>		Street Addr	ress (P.O. l	Box Number is Not Acceptat	ne)		
#214										
.*	IDEDDALE	EL 22200								
FURI LAU	JDERDALE	FL 33309			City			FL	Zip Cod	de
			or the purpose of changing	its registere	ed office or reg	gistered ac	gent, or both, in the State of F	lorida. I am	familiar with	and accept
me obligat	ions of regist	ered agent.	à							
SIGNATURE .			*							
	Signature, typed	or printed name of registered agen	t and title if applicable. (N	OTE: Registered	d Agent signature re	equired when r	reinstating)	DATE	······	
	TI E NO.	U EEE IC 6150.00	.]							
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After Make Check 10.	r May 1, 200	03 Fee will be \$550.00	of State	11.		A		ion. [Adde DIRECTOR	d to Fees
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1. 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-797-6282 Daytime Phone #

Date