2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063670



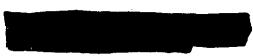
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FILED Jun 16, 2000 8:00 am Secretary of State

04-27-2000 90611 048 ***150.00

1. Entity Name NIGHTDREAMS GRAPHICS, INC. Mailing Address Principal Place of Business 7154 N UNIVERSITY DR STE 111 7154 N UNIVERSITY OR STE 111 TAMARAC FL 33321-2916 TAMARAC FL 33321

3. Mailing Address 2. Principal Place of Business



Suite, Apt. #, etc.		Suite, Apt, #, etc.			1	DO NOT WRITE IN THIS SPACE						
City & State		City & State			4	4. FEI Number				Ap	plied For_]
						65-09347				No	t Applicable]
Zip	Country	Zip	itry	5. Certificate of Status Desired				\$8.75 Additional Fee Required				
	. 6. Name and Address of Current Re	gistered Agent	Agent			7. Name and Address of New Registered Agent]
				Name								1
FISC	HER, DAWN			Stroot Add	droce (BO	(P.O. Box Number is Not Acceptable)			<u>. </u>			┨
	N UNIVERSITY DR STE 111			Street Address (1.0. box residents not Adoptable)				القرابان/			. 	1
	ARAC FL 33321)
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				City					FL Zip Code			
8. The above	named entity submits this statement for th	e purpose of changing its re	egister	ed office or r	edistered	agent, or both	, in the State	of Florida				
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CICNATURE		,	ارز	17,1	(ب	:		انتم	1 2 -	•	4_	
SIGNATURE .	Signature, typed or printed name of registered agent and			d Agent signature		n reinstating)			DATE			}
O This seems	ration is eligible to satisfy its Intangible	FEE IS \$150.00									1	
	equirement and elects to do so.	After MAY 1, 2000 Fee					ction Campaig		icing	\$5.0	\$5.00 May Be Added to Fees	
	ia on back)	Make Check Payable			Trust Fund Contribution.				AQUEC	bed to rees		
11. OFFICERS AND DIRECTORS			12.			ADDITIONS/	HANGES TO	OFFICE	RS AND D	IRECTOR	3 IN 11	1
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	partify that the information supplied with thi	o filing does not qualify for t			d in Section	n 119 07(3Vi	Florida State	utes. I fuir	ther certify	that the is	nformation	1

Theory verify that the mormation supplied with this minig does not quality for the exemption stated in Section 119.07(3)(i), Fronce Statutes. Frurier certify that the incompation 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 assectment with an address, with all other like empowered.