

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 06, 2000 08:00 AM  
Secretary of State****DOCUMENT # P99000098572****1. Entity Name**  
BIRDS EYE GRAPHICS, INC.**Principal Place of Business**1500 N. FEDERAL HIGHWAY  
SUITE 203  
FORT LAUDERDALE  
33304

FL

**Mailing Address**1500 N. FEDERAL HIGHWAY  
SUITE 203  
FORT LAUDERDALE  
33304

FL

**2. Principal Place of Business**  
1500 N. FEDERAL HIGHWAYSuite, Apt. #, etc.  
SUITE 200City & State  
FORT LAUDERDALE

FL

Zip  
33304

Country

**3. Mailing Address**  
1500 N. FEDERAL HIGHWAYSuite, Apt. #, etc.  
SUITE 200City & State  
FORT LAUDERDALE

FL

Zip  
33304

Country

**4. FEI Number**  
65-0963547Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MASTRIANA F. RONALD  
1500 N. FEDERAL HIGHWAY  
SUITE 203  
FORT LAUDERDALE  
33304

FL

**7. Name and Address of New Registered Agent**Name  
MASTRIANA R. BRIEN  
Street Address (P.O. Box Number is Not Acceptable)  
1500 N. FEDERAL HIGHWAY  
SUITE 200  
City  
FORT LAUDERDALE

FL

Zip Code  
33304**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 R. BRIEN MASTRIANA**

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

(NOTE: Registered Agent signature required when reinstating)

**09/06/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition  
NAME  
PD  
MASTRIANA R. BRIEN  
STREET ADDRESS  
1500 NORTH FEDERAL HWY, SUITE 200  
CITY-ST-ZIP  
FORT LAUDERDALE FL 33304TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**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: R. Brian Mastriana**

RD 09/06/2000