2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # \$21332. Apr 27, 2000 8:00 am Secretary of State 1. Entity Name WESTGATE PRINTING & GRAPHIC DESIGN, INC. 04-27-2000 90049 008 ***150.00 Mailing Address Principal Place of Business 1520 N.W. 65TH AVENUE 1520 N.W. 65TH AVENUE SUITE 3 SUITE 3 PLANTATION FL 33313-4500 PLANTATION FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0233163 Not Applicable Country Country \$8.75 Additional Zìp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLAIR, LAURENCE I Street Address (P.O. Box Number is Not Acceptable) 2021 TYLER STREET HOLLYWOOD FL 33022-9010 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition TITLE ☐ Delete HJELMEIR, F M NAME NAME STREET ADDRESS 7250 NW 6TH ST STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP PLANTATION FL 33317 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HJELMEIR, BEVERLY É NAME NAME 7250 NW 6TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP - Change ☐ Addition ☐ Delete TITLE HJELMEIR, CHRISTOPHER A NAME NAME 4321 NE 13TH AVENUE STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33334 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #