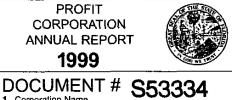
INK ART CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90267 011 ***150.00

|--|

Principal Place of Business Mailing Address							-	i
921 PONDEROSA PINE CT. ORLANDO FL 32825			921 PONDEROSA PINE CT. ORLANDO FL 32825					
						:	DO NOT WRITE IN THIS SPACE	\neg
							3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing			Anilian Addunce				05/16/1991 4. FEI Number Applied For	\dashv
¬ '			failing Address) Address			59-3068922 Not Applicable	\exists
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.				\$8.75 Additional	4
22			27				5. Certificate of Status Desired Fee Required	
-City'& State			City & State				6. Election Campaign Financing S5.00 May Be	7
23			28				Trust Fund Contribution Added to Fees	
Zip	Country	ip	Country			8. This corporation owes the current year Intangible		
24	25 29 30		0		7	Personal Property Tax. Yes No	_	
	9. Name and Address of Curre	nt Register	red Agent		•		10. Name and Address of New Registered Agent	4
DCA	TTV IOUN D			81	Na	ame		
BEATTY, JOHN R. 921 PONDEROSA PINE CT.				82	St	treet Addres	ess (P.O. Box Number is Not Acceptable)	٦
ORLANDO FL 32825								\dashv
0,10				83	ļ			_
				84	Ci	ity	FL 85 Zip Code	
11 Pureuant	to the provisions of Sections 607.05	02 and 607	1508 Florida Statutes	the above	e-na	med corpor	pration submits this statement for the purpose of changing its registered	ᅥ
-K	anintared annat or both in the State	s of Elected	Such change was suff	annigad hu	tha	corporation	n's board of directors. I hereby accept the appointment as registered	
agent. i a	m familiar with, and accept the oblin	1/2	eduon 507.0505, Fiolio	a Statutes	•		production of the second	
SIGNATURE	Signature, typed or printed name of registered ag					nature required v	when reinstating) DATE	Ì
12.	OFFICERS A	:	*	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\Box
TITLE	D		☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	on
NAME	BEATTY, JOHN R.			1.2 NAME				-
STREET ADDRESS	921 PONDEROSA PINE CT.			1.3 STREET	CDDA?	RESS		- {
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-S	T-ZIP			_
TITLE			☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	on
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADD	RESS		Į
CITY+ST-ZIP				2.4 CITY+S	T-ZIF	-		4
TITLE		•	☐ DELETE	3.1 TITLE		-	Change Addition	on
NAME	ĺ			3.2 NAME				1
STREET ADDRESS			-	3.3 STREE	T ADD	RESS		
CITY-ST-ZIP				3.4. CITY-S	T-ZIP	<u>, </u>	Channe C Addition	_
TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Addib	ווט
NAME				4.2 NAME		1		
STREET ADDRESS				4.3 STREE	T ADD	RESS		- 1
CITY-ST-ZIP			□ pc. czc	4.4 CITY-S	T-ZIP	<u> </u>	☐ Change ☐ Addition	-
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME			☐ Change ☐ Additi	51
NAME				5.3 STREET	r Ann	DESC.		- }
STREET ADDRESS	1			5.4 CITY-S				
CITY-ST-ZIP			DELETE	6.1 TITLE	1-ZP		☐ Change ☐ Addition	on
TITLE			- PELEIE	6.2 NAME		1	C overlige C regular	
NAME				6.3 STREET	T ልቦነቦ	IRESS		- {
STREET ADDRESS	I			V.S STREE	, , 20			- 1

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP