2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (U S63487 DOCUMENT # 1. Entity Name

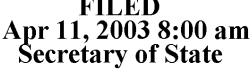
Mailing Address

503 W PLATT STREET

LINSKY LITHOGRAPHICS, INC.

Principal Place of Business

503 W PLATT STREET



**150.00

BK)	Apr 11, 2003 (
	Secretary of 04-11-2003 90156 049 *

TAMPA FL 336	IPA FL 33606 TAMPA FL 33606												
2. Principal Place of Business			3. Ma	3. Mailing Address				1181	7	ili faat ofdie ei	HIL DIDH BION DID	il eigh ibel	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State			4.	4. FEI Number 59-3072033				plied For t Applicable	
Zip		Country	Zip		try		5. Certificate of Status Desired						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
						Name							
LINSKY, DAVID						Street Address (P.O. Box Number is Not Acceptable)							
953 HARB(dur bay di	R.				and the state of t							
tampa fl	33602												
						City FL Zip Code							
	named entity ions of register		tement for the purp	oose of changing its r	egistere	ed office or	registered ac	gent, or	r both, in the State of F	lorida. I am	familiar with,	and accept	
	, a	Ū											
SIGNATURE.	Signature typed o	or printed name of regis	tered agent and title if app	plicable (NOTE:	Benistere	d Agent signati	re required when r	reinstating	g)	DATE			
				1				1					
		FEE IS \$150						9.	. Election Campaign Fi	inancing	\$5.0	0 мау Ве	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Trust Fund Contribution	on. [Added	to Fees	
10.	OFFICERS AND DIRECTORS 11.				11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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12. 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. 813.)

SIGNATURE: