2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V60362 May 01, 2001 8:00 am Secretary of State 1. Entity Name DAYTONA QUICK PRINT COMPANY 05-01-2001 90110 044 ***150.00 Principal Place of Business Mailing Address 950 W. INT'L SPEEDWAY BLVD. 950 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 US US 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 59-3143241 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required ~~-6.-Name and Address of Current Registered Agent Name MCKINLEY, JACK Street Address (P.O. Box Number is Not Acceptable) 950 W. INT'L SPEEDWAY BLVD DAYTONA BEACH FL 32114 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DP TITLE ☐ Addition □ Delete TITLE MCKINLEY, JACK MAME NAME 950 W. INT'L SPEEDWAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE JULIE MCKINLEY NAME 950 W. INT'L SPEEDWAY BLVD. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition - Change . ☐ Delete TITLE --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 ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: