2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 31, 2003 8:00 am Secretary of State H74013 DOCUMENT # 1. Entity Name 03-31-2003 90300 019 ***150.00 PICTURE DEPOT. INC. Principal Place of Business Mailing Address 3100 S CONGRESS AVE 3100 S CONGRESS AVE **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 59-2579282 Not Applicable Zip Country \$8.75 Additional -5.-Certificate of Status Desired 🗢 🛶 🔲: Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEYER. GERALD Street Address (P.O. Box Number is Not Acceptable) 19590 HAVENSWAY COURT **BOCA RATON FL 33498** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MEYER, GERALD 19590 HAVENSWAY COURT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE Change ☐ Addition NAME MEYER, LOUISE NAME STREET ADDRESS STREET ADDRESS 19590 HAVENSWAY COURT CITY-ST-ZIP CITY_ST-ZIP **BOCA RATON FL 33498** TITLE Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED