

2001 UNIFORM BUSINESS REPORT (UBR)

USE 585 AT

DOCUMENT # M00000001146

1. Entity Name
PHOTOADDRESS LLC

FILED
01 JAN 16 AM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4718 N. 36TH ST.
ARLINGTON VA 22207

Mailing Address
4718 N. 36TH ST.
ARLINGTON VA 22207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
54-1956176

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEISE, H. MICHAEL
3904 RYALWOOD CT.
VALRICO FL 33594

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	H. MICHAEL HEISE	3904 RYALWOOD CT	VALRICO, FL 33594	<input type="checkbox"/>
PRES.	JAMES GOULD	4718 N. 36 th ST	ARLINGTON VA 22207	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		300003568453-6	-01/23/01-01097-013	<input type="checkbox"/>	<input type="checkbox"/>
		*****50.00	*****50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES GOULD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 1/9/01 Daytime Phone #: 703-533-1075

CR2E083 (11/00)