# FOR ~~PROFIT~~ CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 09, 2002 8:00 am**
**Secretary of State**
05-09-2002 90031 026 ***158.75

DOCUMENT # P00000066864

1. Entity Name
Pixel Wizard Interactive Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5065 47th Street West | 5065 47th ST West |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Bradenton FL. | City & State: Bradenton FL. |
| Zip: 34210 Country: | Zip: 34210 Country: |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1024730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: MARK R JONES

Street Address (P.O. Box Number is Not Acceptable): 5065 47th ST WEST

City: Bradenton FL Zip Code: 34210

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: Mark R Jones 4/29/02
Signature, typed or printed name of registered agent and title if applicable (Required Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | President |
| NAME | MARK R. JONES |
| STREET ADDRESS | 5065 47th St. West |
| CITY-ST-ZIP | Bradenton FL. 34210 |
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mark R Jones 4/29/02 941-737-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #