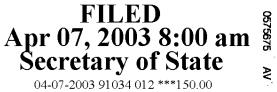
**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** P01000029067 DOCUMENT # 1. Entity Name JA VISUAL, INC.

SIGNATURE



Daytime Phone #



				<b>/</b>			
Principal Place of Business 5807 NE 62ND CT RD SILVER SPRINGS FL 34488		Mailing Address 5807 NE 62ND CT RD SILVER SPRINGS FL 34488					
	Place of Business  E 62-12 C+rd	3. Mailing Address 3900 NE 6	2nd ct od		#1. <b>88</b> 117 <b>88</b> 11 <b>8</b> 11 <b>812</b> 18111 8811 <b>4</b>	I BINI IBBI IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat	Spring Fl.	City & State	rms Fl	4. FEI Number 59-3707622	<del></del>	Applied For Not Applicable	
3448	Country	34488	Country	5. Certificate of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New F	egistered Agent		
		اه چههاد دی اه چیپایسه داید را ا	Name				
REICHERT, APRIL L			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
-	62ND CT RD			·			
SILVER SI	PRINGS FL 34488					į	
	**************************************		City		FL Zip Coo	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registered office or register	ered agent, or both, in the State of Flo	rida. I am familiar with	, and accept	
· // Johnga		) //			26.1		
SIGNATURE .	Signature typed or printed name of registered agent a	eccest.	TE: Registered Agent signature requir		3/24/83		
		nd the ii applicable. (NO	TE: Registered Agent signatore requir	ed witer reinstating)			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			9. Election Campaign Fir Trust Fund Contributio	· _ · · ·	00 May Be	
Make Chec	k Payable to Florida Department of						
10	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFF			
TITLE	PEICHERT ARRES	☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS	REICHERT, APRIL L 5807 NE 62ND CT RD		NAME STREET ADDRESS				
CITY-ST-ZIP	SILVER SPRINGS FL 34488		CITY-ST-ZIP				
TITLE		Delete	TITLE	<del></del>	☐ Change	Addition	
NAME		<u> </u>	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	_TITLE	e agent van 16 au 15 au 6 au 6 au	Change_	Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS   CITY-ST-ZIP				
				<del></del>			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
name Street address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-SI-ZIP				
	Lertify that the information supplied with	this filing does not qualify for		Section 119 07/3)(i) Florida Statutes	further certify that the	information	
indicated	on this report or supplemental report is	true and accurate and that	my signature shall have the	e same legal effect as if made under d	oath: that I am an officer	r or director I	
changed,	poration or the receiver or trustee empo- or on an attackment with an address, w	ith all other like empowered	<b>—</b>	, and and the trial trial trial		. 5.00.( ) / 11	