FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90503 018 ***158.75

DOCUMENT # P93000043332

1. Entity Name: Moving Picture Electronic Services, Inc.

DO NOT WRITE IN THIS SPACE

20054083

2. Principal Place of Business	3. Mailing Address
748 N. Victoria Pk. Rd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL	City & State
Zip: 33304 Country: Broward	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0430929 ☐ 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: Brough, Chadrow & Levine, P.A.
Street Address (P.O. Box Number is Not Acceptable): Global Commerce Center
1900 North Commerce Parkway
City: Weston, FL. FL Zip Code: 33326

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 _____ 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	President + Secretary	TITLE	
NAME	David C Wells	NAME	
STREET ADDRESS	748 N. Victoria Pk Rd	STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, FL 33304	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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

SIGNATURE: _____ David C Wells 4/21/05 954-522-1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #