

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90127 029 \*\*\*150.00

**DOCUMENT # P93000050501**

1. Entity Name  
**IMAGE MATTERS INC.**

Principal Place of Business  
**3029 NW 28TH STREET  
 LAUDERDALE LAKES FL 33311  
 US**

Mailing Address  
**PO BOX 101202  
 FT. LAUDERDALE FL 33310  
 US**



2. Principal Place of Business **1290 E. Oakland Park Blvd** 3. Mailing Address **1290 E. Oakland Park Blvd**

Suite, Apt. #, etc.  
**#102**

Suite, Apt. #, etc.  
**#102**

DO NOT WRITE IN THIS SPACE

City & State  
**Oakland Park, FL**

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**Oakland Park, FL**

4. FEI Number **65-0434191**

Applied For  
 Not Applicable

Zip **33334** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKES, JOHN P PA  
 150 NORTH FEDERAL HIGHWAY  
 SUITE 200  
 FT. LAUDERDALE FL 33301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D GROSS, MARK**  
 STREET ADDRESS **PO BOX 101202**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33310**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1290 E. Oakland Park Blvd #102**  
 CITY-ST-ZIP **Oakland Park, FL 33334**

TITLE  Delete  
 NAME **D GROSS, MARK**  
 STREET ADDRESS **2815 S W 117 AVE**  
 CITY-ST-ZIP **DAVE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **2809 NE 23 Street**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33305**

TITLE  Delete  
 NAME **C GROSS, LAURIE**  
 STREET ADDRESS **2815 SW 117 AVENUE**  
 CITY-ST-ZIP **DAVE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **2809 NE 23 Street**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33305**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILKES, JOHN P PA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/02 954-630-2200**  
 Date Daytime Phone #

CR2E034 (9/01)