

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

07-06-2001 90210 013 \*\*\*550.00

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**DOCUMENT # P98000056538**

1. Entity Name  
**SECOND IMAGE, INC.**

Principal Place of Business      Mailing Address  
**2419 W. KENNEDY BLVD.**      **P.O. BOX 17606**  
**TAMPA FL 33609**      **CLEARWATER FL 33762**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-3533242**      Not Applicable

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

<b>DIAZ, JOSEPH L</b> <b>2522 WEST KENNEDY BLVD.</b> <b>TAMPA FL 33609</b>	Name	<b>PATRICK O'CONNOR</b>	
	Street Address (P.O. Box Number is Not Acceptable)	<b>2240 BELLEAIR RD # 160</b>	
	City	<b>CLEARWATER</b>	<b>33764</b>
	State	<b>FL</b>	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]*      DATE: **6/25/01**      ~~7/25/01~~  
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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>D</b>			
<b>HECHT, HELLEN</b>			
<b>2419 W. KENNEDY BLVD.</b>			
<b>TAMPA FL 33609</b>			

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: *Hellen Kay Hecht*      Date: **6/25/01**      Daytime Phone #: **727 546 3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)