

07 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB -5 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000073806**

1. Entity Name

THE Photo Shop Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Office Address: **5260 W. IRLO BRANSON HWY.**
3. Mailing Address: **5260 W. IRLO BRANSON HWY.**

DO NOT WRITE IN THIS SPACE

Suite, Apt., etc.: **STE: 114** State Act #, etc.: **STE: 114**
City & State: **KISSIMMEE FL.** City & State: **KISSIMMEE FL.**
Zip: **34746** Country: **USA** Zip: **34746** Country: **USA**
4. FEI Number: **59-3590602** 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: **Jody Mendelson**
Street Address (P.O. Box Number is Not Acceptable): **5501 BAYSIDE DR.**
City: **ORLANDO** FL Zip Code: **32819**

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: **Jody Mendelson** (Registered Agent Signature) DATE: **1-30-03**

Make Check Payable to Florida Department of State
Fees: January - May: Fee is \$160.00
After May 1, Fee is \$450.00
Amended UBR is \$67.25
Election Campaign Financing Fee: \$5.00 May Be Added to Fees
Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: President NAME: Jody Mendelson STREET ADDRESS: 5501 BAYSIDE DR. CITY-ST-ZIP: ORLANDO FL. 32819	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: V. President NAME: MANNY KAPLAN STREET ADDRESS: 5016 DELVIN CT. CITY-ST-ZIP: ORLANDO FL. 32821	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 persons.

SIGNATURE: **Jody Mendelson** Date: **1-30-03** Daytime Phone #: **407-390-1224**
2/24/03