2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P99000087927 UNLIMITED PICTURES, INC. 04-19-2000 90096 049 ***150.00 Principal Place of Business Mailing Address 1270 N.W. 4TH ST. 1270 N.W. 4TH ST. BOCA RATON FL 33486-3254 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address 1270 NW 4th Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0953106 Not Applicable Boca Raton Country Country \$8.75 Additional 5. Certificate of Status Desired 33480 Fee Required United States 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATTO, PATRICK F Street Address (P.O. Box Number is Not Acceptable) 1270 N.W. 4TH ST. **BOCA RATON FL 33486** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE Change ☐ Addition TITLE TATTO, PATRICK F NAME NAME STREET ADDRESS STREET ADDRESS 1270 N.W. 4TH ST. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

PATRICK F TATTO 4-13-00

FILED