2007 LIMITED LIABILITY COMPANY

FILED Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # L01000008001 PICTURE THREE, L.C. Principal Place of Business Mailing Address 399 WEST CAMINO GARDENS BOULEVARD PO BOX 4877 DEERFIELD BEACH, FL 33442 SUITE 307 BOCA RATON, FL 33434 01102007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3005488 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EPSTEIN FIRESTONE, DEBORAH 7910 TENNYSON COURT BOÇA RATON, FL 33433 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE EPSTEIN FIRESTONE, DEBORAH NAME PO BOX 4877 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 U00000745750 05/16/07-80041-025 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE