2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90208 010 ***150.00

DOCUMENT # 318467

1. Entity Name
CAMERA GRAPHICS, INC.

Principal Place of Business	Mailing Address
372 GOLFVIEW RD #503 N PALM BEACH FL 33408 US	372 GOLFVIEW RD #503 N PALM BEACH FL 33408 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
336 Golfview Rd.	336 Golfview Rd
Suite, Apt. #, etc.: Apt, 602	Suite, Apt. #, etc.: Apt, 602
City & State: North Palm Beach FL	City & State: North Palm Beach FL
Zip: 33408 Country: USA	Zip: 33408 Country: USA

4. FEI Number 59-1167230 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEITS, KATHRYN
372 GOLFVIEW RD #503
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name: Deits, Kathryn
Street Address (P.O. Box Number is Not Acceptable): 336 Golfview Rd #602
City: North Palm Beach **FL** Zip Code: 33408

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: Kathryn L Deits KATIE Deits 02/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DEITS, ELOISE 336 GOLFVIEW ROAD #608 NORTH PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEITS, KATHRYN 372 GOLFVIEW RD #503 NORTH PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Deits, Kathryn 336 Golfview Rd #602 North Palm Beach, FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ECKERSLEY, JAMES D. 372 GOLFVIEW RD #503 NORTH PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Eckersley, James D. 336 Golfview Rd #602 North Palm Beach FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPC ECKERSLEY, ROBYN D 336 GOLFVIEW RD., #608 NORTH PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPC Eckersley, Robyn D. 336 Golfview Rd. #602 North Palm Beach FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Katie Deits 02/22/03 (561) 820-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #