2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # 559250** 1. Entity Name COLLECTABLE IMAGES, INC. 03-19-2001 90445 041 ***150.00 Principal Place of Business Mailing Address 120 FORREST AVE 120 FORREST AVE P.O. BOX 1118 P.O. BOX 1118 COCOA FL 32923 **COCOA FL 32923** 2. Principal Place of Business 3. Mailing Address P.O. BOX 217 King Stree DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1812875 Florida Not Applicable \$8.75 Additional 5. Certificate of Status Desired Brevard Brevard Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELDER, LOIS G Street Address (P.O. Box Number is Not Acceptable) 120 FORREST AVE COCOA FL 32922 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME FELDER, LOIS G. NAME 217 King Street Cocoa FL 32922 STREET ADDRESS 120 FORREST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32922** ☐ Change X Addition ST Delete Secretary / Treasurer TITLE NAME Hali Panzak FELDER, LOIS G NAME 2826 Sunflower Court STREET ADDRESS STREET ADDRESS 120 FORREST AVE CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32922** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED