## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F00000006841

Entity Name: PHOTOBITION FLORIDA, INC.

FILED Feb 03, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 505 SOUTH LAKE DESTINY ROAD ORLANDO, FL 328106249 **Current Mailing Address: New Mailing Address:** 505 SOUTH LAKE DESTINY ROAD ORLANDO, FL 328106249 FEI Number: 59-3671631 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHARPE, IAN 505 LAKÉ DESTINY DR. ORLANDO, FL 32810 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition PRATT, DOMENICK PROPATI, DOMENICK Name: Name: 132 WEST 31ST STREET 132 WEST 31ST STREET Address: NEW YORK, NY 10001 City-St-Zip: NEW YORK, NY 10001

Address: City-St-Zip:

Title: SD () Delete Name: SHARPE, IAN

132 WEST 31ST STREET Address: NEW YORK, NY 10001 City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN SHARPE 02/03/2003 SD