2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 19, 2005 8:00 am Secrétary of State DOCUMENT # F03000001917 1. Entity Name 07-19-2005 90037 023 ***550.00 FOTO-FONE, INC. Principal Place of Business Mailing Address 50 STILES RD. 791 WYE ROAD 50056028 **SALEM NH 03079** AKRON OH 44333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 03-0400263 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE Delete TITLE Change 4 Addition NAME MYERSON, ANDREW S NAME 791 WYE ROAD STREET ADDRESS STREET ADDRESS AKRON OH 44333 CITY-ST-7IP CITY-ST-7IP VSD TATLE TITLE MYERSON, ADAM H NAME NAME 791 WYE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AKRON OH 44333 CITY-ST-7(P Detete ☐ Addition NAME GRIMES, MICHAEL NAME STREET ADDRESS 791 WYE ROAD STREET ADDRESS CITY - ST - ZIP AKRON OH 44333 CITY-ST-ZIP **ASAT** TITLE TITLE ☐ Delete Addition Change FRENCH, KRISTEN NAME NAME STREET ADDRESS 791 WYE ROAD STREET ADDRESS AKRON OH 44333 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED