

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F93000004786

1. Entity Name  
THE PIXEL FACTORY, INC.



**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90155 036 \*\*\*150.00

0110209 AV

Principal Place of Business  
4081-C L.B. MCLEOD RD.  
ORLANDO FL 32811-5660

Mailing Address  
4081-C L.B. MCLEOD RD.  
ORLANDO FL 32811-5660



2. Principal Place of Business  
4501 Vineland Rd.

3. Mailing Address  
4630 S. Kirkman Rd.

Suite, Apt. #, etc.  
# 108

Suite, Apt. #, etc.  
# 249

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip Country  
32811 USA

Zip Country  
32811 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 63-1099812

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, STAN K  
5335 VINELAND RD.  
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 PD  
NAME LOVE, R G  
STREET ADDRESS 2173 NORMANDIE DR.  
CITY-ST-ZIP MONTGOMERY AL 36198-2201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EV  
NAME JOHNSON, STAN K  
STREET ADDRESS 5335 VINELAND RD.  
CITY-ST-ZIP ORLANDO FL 32811

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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.

SIGNATURE: STAN K JOHNSON 4/21/03 407-835-1220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)