FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secrétary of State DOCUMENT # F94052 1. Entity Name 07-16-2002 90367 004 ***550.00 PRECISION PHOTOGRAPHICS, INC. Principal Place of Business Mailing Address IAIUUU 22191 POWERLINE RD. 22191 POWERLINE RD. **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2219383 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOTTLIER, JEROME E 4559 SW 1ST GOURT 7887 RECKTORD RD GORAL SPRINGS FL 33071 BOYNTON BEACH FR 33437 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition GOTTLIEB, JEROME E 7887 ROCK - DED RD NAME NAME STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL BOYNTON BENCH FZ CITY-ST-7/P CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Change GOTTLIEB, ERIC D NAME NAME 9559 SW 1ST GT. 3846 PEBBLE BROOK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS EL COCONUT CREEK, 122 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP