

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004975

1. Entity Name  
PHOTO PUBLISHING CO. INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90059 031 \*\*\*550.00

Principal Place of Business

% ROBERT I. FLOM, CPA  
55 CHURCH RD  
MORGANVILLE NJ 07751

Mailing Address

% ROBERT I. FLOM, CPA  
55 CHURCH RD  
MORGANVILLE NJ 07751

2. Principal Place of Business

% FLOM, FRENCH & GOODWIN, LLC

Suite, Apt. #, etc.  
675 LINE ROAD, BUILD 4, SUITE B

City & State  
Aberdeen NJ

Zip  
07747

Country  
USA

3. Mailing Address

% FLOM, FRENCH & GOODWIN, LLC

Suite, Apt. #, etc.  
675 LINE ROAD, BUILD 4, SUITE B

City & State  
Aberdeen, NJ

Zip  
07747

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3462558

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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:

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 Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	WAGNER, JOHN	
STREET ADDRESS	50 REDDINGTON ROAD	
CITY-ST-ZIP	LONDON NW3 74S, UNITED KING	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTELL, MICHAEL L ESQ	
STREET ADDRESS	521 FIFTH AVE, SUITE 2200	
CITY-ST-ZIP	NEW YORK NY 10175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: 014 (500)