2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G50308** 1. Entity Name PICTURES UNLIMITED, INC. Principal Place of Business Mailing Address 4533 VAN BUREN ST 4533 VAN BUREN ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, ctc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2307492 Zip Country 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 Name HINELINE, E. J. Street Address (P.O. Box Number is Not Acceptable) **4533 VAN BUREN STREET** HOLLYWOOD FL 33021 City Lea | 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

FILED Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90328 039 ***150.00

Applied For

Zip Code

4/19/01 954-963-284

Not Applicable

SIGNATURE_	Signature, typed or printed name of registored agent and t	itle if applicable (NOTE:	Registered Agent signature require	ed 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 \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		1 т	lection Campaign Fina rust Fund Contribution	· -		0 May Be to Fees
11.	1. OFFICERS AND DIRECTORS			ADDITIONS	CHANGES TO OFFI	CERS AND D	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hineline, E. J. 4533 van Buren Street Hollywood Fl 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HINELINE, JEANNETTE H. 4533 VAN BUREN ST. HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS OFY-ST-ZIP				☐ Change	Addition
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l indicated	certify that the information supplied with the don this report or supplemental report is troporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that m	iv sionature shall have the	e same legal off	ect as if made under d	hath: that I ar	m an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR