2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2002 8:00 am Secretary of State DOCUMENT # H91648 1. Entity Name PHOTO ADVERTISING INDUSTRIES INC. 02-20-2002 90113 012 ***150.00 Principal Place of Business Mailing Address C/O RICHARD DRONSKY 262-S COCONUT LANE 262 S COCONUT LN MAIMI BEACH FL 33139 MIAMI BEACH FL-33139 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 59-2617373 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRONSKY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 262 S COCONUT LANE MIAMI BEACH FL 33139 City Zip Code bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE 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 \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition CR2E034 (9/01 ☐ Delete NAME DRONSKY, RICHARD L. NAME STREET ADDRESS 262 S COCONUT LN STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP - (Addition Delete TITLE -[=]:Change= NAME 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 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a

SIGNATURE: