2003 FOR PROFIT CORPORATION

Feb 18, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR J09265 DOCUMENT # 1. Entity Name 02-18-2003 90340 001 ****25.00 M. J. PHOTOGRAPHICS, INC. 02-18-2003 90340 002 ***125.00 Principal Place of Business Mailing Address 3921 SW 47TH AVE. C/O LYNNE HYATT #1007 3013 CARAMBOLIA CIRCLE FT. LAUDERDALE FL 33314 COCONUT CREEK FL 33066 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2751687 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 Name ZIMMERMAN, STEPHEN L. Street Address (P.O. Box Number is Not Acceptable) 737 E ATLANTIC BLVD POMPANO BEACH FL 33060 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VPTS ☐ Delete TITLE ☐ Change Addition NAME ZIMMERMAN, MICHAEL I. NAME STREET ADDRESS 7821 SHALIMAR ST STREET ADDRESS CITY-ST-ZIP MIRAMAR FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP I hereby certify that the information supplied we indicated on this report or supplemental report of the corporation or the receiver of frustee end. is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #