

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90213 013 ***150.00

DOCUMENT # K11043

1. Entity Name
IMAGE NATION, INC.

Principal Place of Business Mailing Address
10400 GRIFFIN ROAD ~~10400 GRIFFIN ROAD~~
209 ~~209~~
COOPER CITY FL 33328 ~~COOPER CITY FL 33328-3321~~
US **US** *Change of Address*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Po Box 293218
 City & State City & State
Davie, Florida
 Zip Country Zip Country
33329-3218 **USA**

4. FEI Number **65-0044446** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SANCHEZ, PASCAL Name
2424 SUGARLOAF LANE Street Address (P.O. Box Number is Not Acceptable)
FT LAUDERDALE FL 33312 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, PASCAL 2424 SUGARLOAF LANE <i>Change of Mailing Address</i> FT LAUDERDALE FL <i>→</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, PASCAL Po Box 293218 Davie, FL 33329-3218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]* 04/6/00 (954) 583-1212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)