

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90217 037 ***150.00

DOCUMENT # K11043

1. Entity Name
IMAGE NATION, INC.

Principal Place of Business

10400 GRIFFIN ROAD
 209
 COOPER CITY FL 33328
 US

Mailing Address

PO BOX 293218
 DAVIE FL 33329-3213
 US

2. Principal Place of Business

2600 W. BROWARD Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1873
 Suite, Apt. #, etc.

City & State

FORT - LAUDERDALE

City & State

BOCA RATON

Zip
33311

Country
FLORIDA - USA

Zip

33429-1873 FLORIDA - USA

Country

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
 2424 SUGARLOAF LANE
 FT LAUDERDALE FL 33312

Name **SANCHEZ PASCAL**
 Street Address (P.O. Box Number is Not Acceptable)
2430 N.E 48th COURT

City **LIGHTHOUSE POINT** FL Zip Code **33064**

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  **PASCAL SANCHEZ "PRESIDENT CEO"** **04/27/01**
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 \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P <input type="checkbox"/> Delete SANCHEZ, PASCAL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	PO BOX 293218	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33329-3218	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **PASCAL SANCHEZ "PRESIDENT CEO"** **04/27/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)