

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90192 002 ****50.00

DOCUMENT # L00000005548

1. Entity Name

AMAZING ART IMAGES, LLC

Principal Place of Business

**6512 HOLLYWOOD BLVD
 HOLLYWOOD FL 33024**

Mailing Address

**6512 HOLLYWOOD BLVD
 HOLLYWOOD FL 33024**

947849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1010359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGER, BERNARD A ESQ
 4925 SHERIDAN STREET
 SUITE A
 HOLLYWOOD FL 33021**

Name

SINGER, BERNARD A ESQ

Street Address (P.O. Box Number is Not Acceptable)

3107 STIRLING RD.

SUITE 105

City

FT. LAUDERDALE

FL

Zip Code

33312

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

Bernard A. Singer, Esq.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/2002

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **M** ☐ Delete
 NAME **QUESTION MARK FINE ART INC**
 STREET ADDRESS **6512 HOLLYWOOD BLVD**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** ☐ Delete
 NAME **IMC PRODUCTIONS INC**
 STREET ADDRESS **T**
 CITY-ST-ZIP **VAUGHAN ONT CANADA**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **86 BELLONA ST**
 CITY-ST-ZIP **L4L 6R6**

TITLE **M** ☐ Delete
 NAME **VISUAL ART CONCEPTS INC**
 STREET ADDRESS **5780 MAINS ST**
 CITY-ST-ZIP **WILLIAMSVILLE NY U1442-1**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5780 MAIN ST**
 CITY-ST-ZIP **14221**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Levenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/02

Date

888-646-6020

Daytime Phone #

CR2E083 (9/01)