

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90041 034 \*\*\*\*55.00

**DOCUMENT #** E01000013339  
**1. Entity Name**  
 ANGLO-AMERICAN PHOTOGRAPHY AND VIDEO, LLC

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>2633 LANTANA ROAD, #308<br>LANTANA FL 33462 | <b>Mailing Address</b><br>P.O. BOX 870<br>PALM BEACH FL 33480 |
|---|---|

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>2633 LANTANA ROAD<br>Suite, Apt. #, etc.<br># 33<br>City & State<br>LANTANA | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State |
| Zip<br>33462 Country<br>U.S.A  | Zip<br>Country   |



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br>WHITFIELD, GRAHAM F.<br>2633 LANTANA ROAD, #308<br>LANTANA FL 33462 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>WHITFIELD, GRAHAM F.<br>Street Address (P.O. Box Number is Not Acceptable)<br>2633 LANTANA ROAD, # 33<br>City<br>LANTANA FL Zip Code<br>33462 |
|---|---|

**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** *Graham F. Whitfield* **GRAHAM F. WHITFIELD** **2/8/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**PRESIDENT and DIRECTOR** **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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P.D.<br>GRAHAM F. WHITFIELD<br>235 QUEENS LANE,<br>PALM BEACH, FLA 33480<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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:** *Graham F. Whitfield* **GRAHAM F. WHITFIELD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date **2/8/02** Daytime Phone # **561-863-6815**

CR2E063 (9/01)