


**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90087 011 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

10104132

<b>DOCUMENT # L02000022326</b>					
1. Entity Name <b>PRO ANGLE PHOTO LC</b>					
Principal Place of Business <b>6460 EAST ROGERS CIRCLE BOCA RATON, FL 33487</b>			Mailing Address <b>6460 EAST ROGERS CIRCLE BOCA RATON, FL 33487</b>		
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 <b>51-0423475</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SHADOWITZ ASSOCIATES, P.A. 561 N.W. 77TH STREET SUITE 102 BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when necessary) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			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)(b), 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 506, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

CR2E083 (10/02)



**ProAngle®**  
PHOTOGRAPHIC SUPPLY

*Attachment*  
*#L02000022326*  
*10104132*

May 5th, 2003

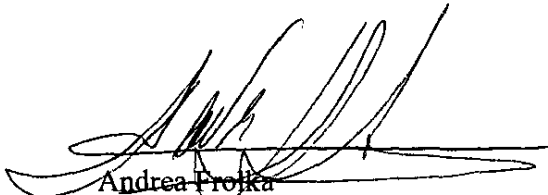
Florida Department of State,  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Thank you very much to the agent that help me at 850-245-6051, it was a really gentleman but I forgot to ask his name.

He guided me to download this form in order to expedite my problem of not receiving the regular form.

Thank you very much again,

  
Andrea Frojka  
Accounting Department

6460 East Rogers Circle  
Boca Raton, FL 33487  
Toll Free: 866-450-0808 © Fax: 561 981-8115  
[WWW.PROANGLEPHOTO.COM](http://WWW.PROANGLEPHOTO.COM)