LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90323 003 ****50.00

DOCUMENT # L02000029288

1. Entity Name

American Digital Photo Bank L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8231 NW 52th Court	P.O.BOX 190700
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33351 Country: U.S.A.	Zip: 33319 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2082573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Wayne Horwitz, C.P.A.

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

3511 West Commercial Boulevard Suite # 402

City: Fort Lauderdale, **FL** Zip Code: 33309

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: _____ Wayne Horwitz 07/08/03

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Serdar Guerel 8231 NW 54 Court ~~Fort Lauderdale Florida 33351~~
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CR2E083B (12/02)

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: _____ 07/08/03 954-540-5323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #