2001 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # L63257** 1. Entity Name MOBILE PICTURE FRAMING, INC. 04-18-2001 90190 001 ***300.00 Principal Place of Business Mailing Address 1160 NW 163RD DR 1160 NW 163RD DR MIAMI FL 33169 MIAMI FL 33169 US HS 2. Principal Place of Business 3. Mailing Address 1120 AM 1P3 VD DV 150 NW 13ND DV Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0369460 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVENUE. 28TH FLOOR MIAMI FL 33131 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME MOLINA, ALBERT R JR. STREET ADDRESS STREET ADDRESS 6310 APPALOOSA TRAIL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33330 ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME SLATON, MICHAEL W STREET ADDRESS STREET ADDRESS 17380 SW 33RD LANE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 ☐ Addition □ Delete TITLE _. Change NAME SANDS, STEVEN NAME STREET ADDRESS STREET ADDRESS 1245 NW 134TH AVE CITY-ST-ZIP CITY-ST-7IP SUNRISE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 impowered to secure 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. SLATON

32701

305-625-8649

Daytime Phone #

CR2E034 (10/0