

<h1 style="margin: 0;">DOCUMENT # L84180</h1>				
1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-top: 5px;">FANTASY PHOTOGRAPHICS, INC.</div>				
Principal Place of Business 15801 SW 99TH AVE MIAMI FL 33157		Mailing Address 15801 SW 99TH AVE MIAMI FL 33157-1718		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				
OHLFEST, LONNY 15801 SW 99TH AVENUE MIAMI FL 33157			Name	
			Street Address (
			City	
8. The above named entity submits this statement for the purpose of changing its registered office or register				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		
11. OFFICERS AND DIRECTORS				
TITLE	<div style="display: flex; justify-content: space-between;"><div>P</div><div><input type="checkbox"/> Delete</div></div> <div>OHLFEST, LONNY G. 15801 SW 99TH AVE. MIAMI FL</div>		TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div> <div></div>		TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div> <div></div>		TITLE	
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NAME			NAME	
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TITLE	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div> <div></div>		TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

SIGNATURE: [Signature] Apr 23, 00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)