

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90289 028 ***150.00

DOCUMENT # L88585 1. Entity Name THE CAPTURED IMAGE, INC.			
Principal Place of Business 611 E DANIA BEACH BLVD. DANIA, FL 33004 US		Mailing Address 611 E DANIA BEACH BLVD. DANIA, FL 33004 US	
2. Principal Place of Business 5250 SW 3RD CT		3. Mailing Address 5250 SW 3RD CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation FL		City & State Plantation FL	
Zip 33317		Zip 33317	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-0213582		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOVNER, ROBERT 611 E DANIA BEACH BLVD DANIA, FL 33004		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5250 SW 3RD CT City Plantation FL Zip Code 33317	
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 <u><i>Robert Kovner</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4-22-05</i></u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV KOVNER, ROBERT 611 E DANIA BEACH BLVD DANIA, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOVNER, PATRICIA 611 E DANIA BEACH BLVD DANIA, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Robert Kovner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4-22-05</i></u> Daytime Phone # <u><i>4547975258</i></u>	