2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am Secretary of State **DOCUMENT # M25100** 1. Entity Name COMPLETE PICTURES, INC. 02-27-2001 90324 021 ***158.75 Mailing Address Principal Place of Business 16 N. CAROLINA AVE., S.E. 16 N. CAROLINA AVE S.E. WASHINGTON DC 20003 WASHINGTON DC 20003 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2622116 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent: 6.-Name and Address of Current Registered Agent Name ACCT. & BUSINESS CONSULTANTS, INC. Street Address (P.O. Box Number is Not Acceptable) 17 ROSE DR FT. LAUDERDALE FL 33301-2077 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition □ Delete TITLE TITLE WILLIAMS, RUSSELL K. NAME STREET ADDRESS STREET ADDRESS 16 N. CAROLINA AVE., S.E. CITY-ST-ZIP CITY-ST-7IP WASHINGTON DC ☐ Change ☐ Addition TITLE ☐ Delete TITLE VISCLOSKY, ANNAMARIE NAME NAME STREET ADDRESS 16 N. CAROLINA AVE., S.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WASHINGTON DC Change ☐ Addition TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 empowered to execute 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED