2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am g Secretary of State, DOCUMENT # M33777 1. Entity Name 03-25-2002 90089 023 ***150.00 STARK PHOTOGRAPHY INC. Principal Place of Business Mailing Address 7121 S.W. 173RD WAY 7121 S.W. 173RD WAY FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2684544 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARK, IRVING A. Street Address (P.O. Box Number is Not Acceptable) 7121 S.W. 173RD WAY FT. LAUDERDALE FL 33331 City 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 3-11-02 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Channe ☐ Addition STARK, IRVING A. NAME NAME 7121 S.W. 173RD WAY STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL. CITY-ST-7IP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STARK, NANCY J. NAME NAME -7121, S.W.-173RD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete TITLE NAME THAWLEY, LORETTA NAME STREET ADDRESS 6140 FILLMORE STREET STREET ADDRESS West-Palm Beach, Fl. 33418 CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered