

2000 UNIFORM BUSINESS REPORT (UBR) REINSTATEMENT 2000

0015828 AB

DOCUMENT # M99000001517
1. Entity Name
 IMAGE NET VENTURES, LLC

FILED

00 DEC 18 - AM 11:40 '00

Principal Place of Business
 1343 FIELDPOINT DRIVE
 WEST CHESTER PA 19382

Mailing Address
 1343 FIELDPOINT DRIVE
 WEST CHESTER PA 19382-8233

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1532 S.E. VILLAGE GREEN DR
 Suite, Apt. #, etc. SUITE "H"

3. Mailing Address
 64 E. UNCLAN AVE
 Suite, Apt. #, etc. #426

City & State
 PORT ST. LUCIE FL

City & State
 EXTON PA

Zip 34952 **Country** USA

Zip 19341 **Country** USA

4. FEI Number 23-3013470

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL **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 Elizabeth A. Strupp, Authorized Representative
 Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating.) DATE 12-12-00

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	KRIZA, MARIANNE G	1343 FIELDPOINT DR.	WEST CHESTER PA 19382	<input type="checkbox"/>
MGRM	FORBES, T. LEIGHTON	411 N. SADDLEBROOK CIRCLE	CHESTER SPRINGS PA 19425	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		600003510936	-12/21/00--01093--010	<input type="checkbox"/>	<input type="checkbox"/>
		***150.00	***150.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marianne G Kriza **9/25/00** **610-594-6585**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)