2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005172

Entity Name: SELF IMAGE, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
	AGLER DRIV	E			
22-F WEST PA	LM BEACH, FI	L 33401			
Current Mailing Address:		New Mailing Address:			
	AGLER DRIV	E			
22-F WEST PA	LM BEACH, FI	L 33401			
FEI Number	: 65-0952554	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
6120 SILV	ON, TERRI L ER OAK DRIV RTH. FL 3346				
LAKE WO	,	•			
The above	•		purpose of changing its registered	d office or registered agent, or both,	
The above	e named entity e of Florida. RE:	submits this statement for the			
The above in the Stat	e named entity e of Florida. RE:			d office or registered agent, or both, Date	
The above in the Stat SIGNATU	e named entity e of Florida. RE:	submits this statement for the nic Signature of Registered Ag	ent		
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electror S AND DIREC D (NORCROSS, C 1448 MEDITER	submits this statement for the nic Signature of Registered Age TORS:) Delete CHARLIE	ent	Date	
The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electron S AND DIREC D (NORCROSS, C 1448 MEDITER WEST PALM B	submits this statement for the nic Signature of Registered Age TORS:) Delete CHARLIE RRANEAN RD (EACH, FL 33406) Delete SEORGE DAK DRIVE	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE FERGUSON MR. 05/01/2002