200	I UNIFURM BUSI	NESS REPU	וח	UBN					
DOCU 1. Entity Nan	MENT # P0000	0009338			- Fit	FILED			
DISTINGL	JISHED IMAGES INC.				UVIŠIO	RETARY OF STATE	3.44.		
	ہے۔ ''اپنے ''المعرف میں مصنف کے نیاز ''	,	<del></del> `				MD)		
Principal Plac	ce of Business	Mailing Address			010	CT 16 PM 1:14			
1733 RIVERWA		1733 RIVERWATCH BLVD			ĺ				
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689			89		-				
						Í 1887/881 IN 881/1 BURN 188/1 BRAN	<b>48</b> )   <b>24</b>     <b>61</b>	<b>                                    </b>	
2. Principal F	Place of Business	3. Mailing Address		<u>.                                    </u>	_				
845		PO Box 261			]				
Suite, Apt,	#, etc. te 101	Suite, Apt. #, etc.				DO NOT WRITI	E IN THIS S	PACE	
Sales State		City & State Sufety Wart				I Number		Ар	plied For
	<del>/</del>	<del> </del>	Count	FL		<u>59-3621693</u>			t Applicable
Zip 3469	5 Country	Zip 34695		llas	5. Ci	ertificate of Status Desired		<b>\$8.75</b> Add Fee Required	
	6. Name and Address of Current				7. Na	ame and Address of New Re	gistered A	gent	
MACINNE	S, WILLARD A	* <del>* *</del> * * * * * * * * * * * * * * * *		Name Ma	<u>(α</u> , 00 <del>(</del>	-willard-	- 		·
	ERWATCH BLVD 1773	Riverwatch	Blrd	Street Addres	\$ <b>5</b> (P.O. Bo	x Number is Not Acceptable	ð		
7	SPRINGS FL 34689		Ţ						
			ľ	City			FL	Zip Code	<u>୍</u> ଦ୍ର
8 The above	e named entity submits this statement for	the purpose of changing its	registere			or in the State of Flor		1 214	<u> 501</u>
o. me above			/ <u>.</u>	. /	otorou ugo				
SIGNATURE		1.11 [[96]]	m	<u> </u>		-1-100)	DATE		
	Signature, typed or printed name of registered agent a			Agent signature requ	ured when rein	istating)			
	oration is eligible to satisfy its Intangible requirement and elects to do so.	/ File NOW!			50.00	10. Election Campaign Fina			May Be
-	ria on back)	Make Check Payat			State	Trust Fund Contribution		,,,,,,,,	to Fees
11.	OFFICERS AND		12.		ADD	DITIONS/CHANGES TO OFFI			
TITLE" NAME	President Willard Maginne	Delete	TITLE			4000046	535		Addition
STREET ADDRESS	1772 River watch	Blud		ET ADDRESS		-10/25/0 ****55		#***55( ****	
CITY-ST-ZIP	Tarpon Springs	FL 34689		ST-ZIP		**************************************			
TITLE NAME	Vice Presidenton Arthur Hamilton 2121 Otter Way	☐ Delete	NAME					☐ Change	☐ Addition
STREET ADDRESS	2121 ofter way		STREE	T ADDRESS					
CITY-ST-ZIP	Palm Harbor FL			ST-ZIP	<u>-</u>				
TITLE NAME		☐ Delete	TITLE	i				☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS		*		T ADDRESS		١			
CITY-ST-ZIP			CITY-	ST-ZIP	··-	1/2/29			_ <del></del> _
TITLE NAME		☐ Delete	TITLE NAME			1/1/1/		Change	☐ Addition
STREET ADORESS				T ADDRESS		N.			
CITY-ST-ZIP		<u> </u>		ST-ZIP					
indicated	certify that the information supplied with f on this report or supplemental report is	true and accurate and that r	ny signati	ure shall have t	the same le	gal effect as if made under o	ath; that I a	ım an officer	or director
of the cor	rporation or the receiver or trustee empo , or on an attachment with an address	wered to execute this report	requir	ed by Chapter	607, Florid	a Statutes; and that my name	appears in	Block 11 or	Block 12 if
CICNIAT	TUDE. JANASA	azlks/d/s/d	MILI	INI					
SIGNAT	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OA DIRECTI	OR OR		Date	Da	aytime Phone #	

October 10, 2001

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

Re: Distinguished Images Inc. 59-3621693

Dear Sir or Madam;

Submitted herewith is Form 2001 Uniform Business Report (UBR) with payment. I called your (850) 488-9000 telephone number as soon as I realized the report and payment was late. It was suggested that I write a letter to explain the extenuating circumstance of the tardiness and send a check for the \$550.

We are a new and very small corporation. The <u>only</u> report received in the mail was the file now report which we were lucky to receive due to the wrong address. At the time the report was due extenuating circumstances arose. My father, of which I was the sole care taker of, suddenly and unexpectedly lapsed into a coma and ultimately past away. My father being an ex NY Fireman had to be flown up to New York for his funeral and burial while the whole country was in turmoil. The airports were shut down and even when they resumed air travel, they were not shipping cargo. We then had to make the arrangements for two weeks later when everyone and everything could reach their destination. We would more than gladly send a death certificate if necessary to show proof. In the mitts of all this, our business was closed.

Please accept the \$550 payment that would have been due if paid at that time. Thank you for your understanding and consideration.

Sincerely

Willard Maginnes

O TOWN IN THE