2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 03, 2001 8:00 am DOCUMENT # P0000024882 Secretary of State → PHOTOWALK.COM, INC. 05-03-2001 90923 032 ***150.00 Principal Place of Business Mailing Address 2599 S.W. 11TH STREET 2599 S.W. 11TH STREET **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 757861 2. Principal Place of Business ULL 3 Chandra 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Citv & State City & State Applied For ake Worth Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERNE, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 2599 S.W. 11TH STREET **BOYNTON BEACH FL 33426** 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete VERNE, SHAWN NAME NAME 6663 Chandra Way STREET ADDRESS STREET ADDRESS 2599 S.W. 11TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** TITLE STD ☐ Delete TITLE VERNE, CYNTHIA NAME NAME STREET ADDRESS STREET ADDRESS 2599 S.W. 11TH STREET CITY-ST-ZiP CITY-ST-ZIP **BOYNTON BEACH FL 33426** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR