2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am Secretary of State P00000068518 DOCUMENT # 1. Entity Name 07-23-2002 90336 017 ***150.00 IMAGJEN THAT, INC. Principal Place of Business Mailing Address 1016 SW 114TH TERR 1016 SW 114TH TERR FT LAUDERDALE FL 33325 FT LAUDERDALE FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1027729 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 WORSKI, JENNIFER L Street Address (P.O. Box Number is Not Acceptable) 1016 SW 114TH TERR FT LAUDERDALE FL 33325 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS TITLE ☐ Change [] Addition TITLE ☐ Delete Worski, Jennifer L NAME NAME 1016 SW 114TH TERR STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change 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 TITLE ☐ Change ☐ Addition 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition

FILED

Atochmen#1 P00000000018 80131484

July 20, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom it May Concern:

A week or so ago, I received my 2002 Uniform Business Report notifying me that in 60 days my corporation would be dissolved. I immediately contacted my accountant who inquired if I had received previous documentation, to which I had not. He informed me that a previous Report would have been sent and asked if all the documentation's names, addresses, etc. were correct. When I verified that they were, he asked if I had been experiencing any problems with my mail- to which I have. I was directed to the toll-free number and thus this letter is written.

Should you need to verify this information, my accountant, Thomas O'Rourke can be contacted at (954) 747-9100, Professional Tax Service, 7481 West Oakland Park Blvd. Lauderhill, FL 33319.

Thank you in advance for your attention to this matter.

Sincerely,

Jennifer Worski Imagjen That, Inc.