SIGNATURE AND TYPED OR PRINTED NAME OF

## FILED Apr 29, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P00000084948 DOCUMENT # 1. Entity Name 04-29-2002 90019 040 \*\*\*150.00 CREATIVE PHOTO IMAGE OF ORLANDO, INC. Principal Place of Business Mailing Address 4301 KIRKLAND BLVD. 4301 KIRKLAND BLVD. ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address VENUE AVENUE 580 WILMER 80 WILMER Suite, Apt. #\_etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For RLANDO ANDO 59-3676249 Not Applicable \$8.75 Additional Certificate of Status Desired ANGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLTON, ISAIAH III Street Address (P.O. Box Number is Not Acceptable) 4301 KIRKLAND BLVD. ORLANDO FL 32811 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Change Addition CHARLTIN, ISAIAH III NAME NAME STREET ADDRESS 4301 KIRKLAND BLVD. STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete -DDF = □ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 fiting does of 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 accordate 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 dustee impossing the supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if