May 28, 2002 8:00 am \$ Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000085190 1. Entity Name 05-28-2002 90713 019 ***150.00 DIETZ PHOTOGRAPHY INC. Principal Place of Business Mailing Address 2025 S MIAMI ROAD 2025 S MIAMI ROAD # 24 # 24 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE ್ಲಾ Suite, Apt. #, etc Applied For City & State 4. FEI Number 65-1058903 Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIETZ, JEANNINE 2141 NE 51ST CT APT E FT LAUDERDALE FL 33308 istered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purp SIGNATURE (NOTE: Re FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 ☐ Change ☐ Addition ☐ Delete TITLE DIETZ, JEANNINE NAME STREET ADDRESS 2025 S MIAMI ROAD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change 🖛 🗌 Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE 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 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 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 of the corporation or the receiver or trustee empowered to exe Chapter 607, Florida Statutes changed, or on an attachment

SIGNATURE: