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Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90119 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10074627

DOCUMENT # P00000094204

1. Entity Name
VISIBLE IMAGE, INC.

Principal Place of Business	Mailing Address
3180 LA COSTA CIRCLE #304 NAPLES, FL 34105	3180 LA COSTA CIRCLE #304 NAPLES, FL 34105

2. Principal Place of Business	3. Mailing Address
8751 Ibis Cove Cir.	8751 Ibis Cove Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34119 Country: USA	Zip: 34119 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1047002 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAHER, ELLEN S ESQ.
1100 FIFTH AVE S
SUITE 301
NAPLES, FL 34102

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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] Ellen S. Maher 4/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Not Late Fee Applies to For Profit Corporations Only

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME FRAME, BRUCE A STREET ADDRESS 3180 LA COSTA CIRCLE #304 CITY-ST-ZIP NAPLES, FL 34105	☐ Delete	TITLE PTD NAME Frame, Bruce A. STREET ADDRESS 8751 Ibis Cove Cir. CITY-ST-ZIP Naples, FL 34119	☒ Change ☐ Addition
TITLE SVD NAME MAHER, ELLEN S STREET ADDRESS 3180 LA COSTA CIRCLE #304 CITY-ST-ZIP NAPLES, FL 34105	☐ Delete	TITLE SVD NAME Maher, Ellen S. STREET ADDRESS 8751 Ibis Cove Cir. CITY-ST-ZIP Naples, FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Bruce A. Frame 4/14/03 239-595-2537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)