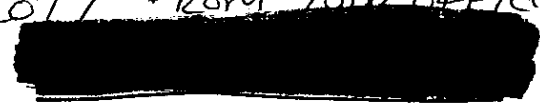


2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91193 027 ***150.00

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check 1392 per
SLOTT from your office


DOCUMENT # P00000098147			
1. Entity Name OPTICAL DEPOT CORP.			
Principal Place of Business 11344 OUAL ROOST DRIVE MIAMI FL 33157		Mailing Address 11344 OUAL ROOST DRIVE MIAMI FL 33157	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MAGNUM, PAUL 12841 S.W. 47TH TERRACE MIAMI FL 33157			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1048356**
☒ Applied For
☒ Not Applicable

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

8. I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. If a corporation is eligible to elect its intangible tax, it is required to file a return with the Department of State. ☐ **FILE NOW!!! FEE IS \$150.00**
 (After May 1, 2002 Fee will be \$550.00)
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-STATE-ZIP	PSD MAGNUM, PAUL 12841 S.W. 47TH TERRACE MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplied on this 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 trust; and that my name appears in Block 11 or Block 12 if changed, with an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Magnum*
 DATE: 4/10/02 305-278-8844
 DAYTIME PHONE: _____

CR2E034 (9/01)