

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000002295

FILED  
Apr 21, 2003  
Secretary of State

Entity Name: IMAGESTIC CORPORATION

## Current Principal Place of Business:

PO BOX 6187  
TALLAHASSEE, FL 32314

## New Principal Place of Business:

400 CAPITAL CIRCLE SE  
SUITE 18 #254  
TALLAHASSEE, FL 32301

## Current Mailing Address:

PO BOX 6187  
TALLAHASSEE, FL 32314

## New Mailing Address:

400 CAPITAL CIRCLE SE  
SUITE 18 #254  
TALLAHASSEE, FL 32301

FEI Number: 59-3667854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLAYTON, RODNEY C  
2915 SHARER ROAD #426  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C/P ( ) Delete  
Name: CLAYTON, RODNEY C  
Address: PO BOX 6187  
City-St-Zip: TALLAHASSEE, FL 32314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: CLAYTON, RODNEY C  
Address: 400 CAPITAL CIRCLE SE SUITE 18 #254  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODNEY C. CLAYTON

CEO

04/21/2003

Electronic Signature of Signing Officer or Director

Date