


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 26, 2003 8:00 am**  
**Secretary of State**

06-26-2003 90038 019 \*\*\*150.00

**DOCUMENT # P01000007948**

1. Entity Name  
**SU CHUNG PHOTOGRAPHY, INC.**



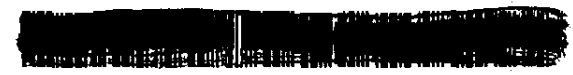
Principal Place of Business  
**19000 SW 61ST MANOR  
FT. LAUDERDALE, FL 33332**

Mailing Address  
**19000 SW 61ST MANOR  
FT. LAUDERDALE, FL 33332**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BRACHO, SHERENE L  
19000 SW 61ST MANOR  
FT. LAUDERDALE, FL 33332**

4. FEI Number  
**65-1073202**

Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEES \$150.00**  
**After May 1, 2003 Fee will be \$500.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHUNG, SUZANNE L</b> <b>19000 SW 61ST MANOR</b> <b>FT. LAUDERDALE, FL 33332</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHUNG, MAUREEN O</b> <b>19000 SW 61ST MANOR</b> <b>FT. LAUDERDALE, FL 33332</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRACHO, SHERENE L</b> <b>19000 SW 61ST MANOR</b> <b>FT. LAUDERDALE, FL 33332</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **S. BRACHO** **6-23-03** **9544346124**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)