

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000014932

FILED
Feb 08, 2003
Secretary of State

Entity Name: A NU IMAGE INC.

Current Principal Place of Business:

14108 110TH TERRACE
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

14108 110TH TERRACE
LARGO, FL 33774

New Mailing Address:

FEI Number: 59-3697627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYN, VICTORIA
14108 110TH TERRACE
LARGO, FL 33774

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: DPT () Delete
Name: LYN, VICTORIA
Address: 14108 110TH TERRACE NORTH
City-St-Zip: LARGO, FL 33774

Title: DVS () Delete
Name: THOMAS, STEVEN R
Address: 14108 110TH TERRACE NORTH
City-St-Zip: LARGO, FL 33774

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: STEEN, WILLIAM R VP
Address: 1567 BONAIR ROAD
City-St-Zip: CLEARWATER, FL 33755

Title: XX () Change (X) Addition
Name: XXXXXXXXXXXX, XXXXXXXXXXX X XXXX
Address: XXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXXXXXX, XX XXXXXXXX

Title: XXX () Change (X) Addition
Name: XXXXXXXXXXXX, XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXX, XX XXXXX

Title: XX () Change (X) Addition
Name: XXXXXXXXXXXX, XXXXXXXX X
Address: XXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXX, XX XXXXX

Title: XXXX () Change (X) Addition
Name: XXXXXXXXXXXX, XXXXXXXX X
Address: XXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXX, XX XXXXXXX

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: VICTORIA LYN

Electronic Signature of Signing Officer or Director

PRES

02/08/2003

_____ Date