Feb 27, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

P01000083904 DOCUMENT # **Secretary of State** 1. Entity Name 02-27-2002 90024 044 ***150 00 AERIALPICTURE.COM, INC. Principal Place of Business Mailing Address 1717 N BAYSHORE DR. 1717 N BAYSHORE DR. **SUITE 3844 SUITE 3844** MIAM! FL 33132 MIAMI FL 33132 3. Mailing Address 2. Principal Place of Business // 34 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite: Apt. #. etc Applied For City & State City & Sta Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BILLBERRY, JAIMES R Street Address (P.O. Box Number is Not Acceptable) 1717 N BAYSHORE DR. **SUITE 3844** MIAMI FL 33132. WOOP 🕫 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 ☐ Addition TITLE pstd ☐ Delete TITLE Walrave, John NAME NAME 1717 N BAYSHORE DR. SUITE 3844 STREET ADDRESS STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change van de wouw. Robert NAME NAME 1717 N BAYSHORE DR. SUITE 3844 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Delete TITLE □ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

HNTED NAME OF SIGNING OFFICER OR DIREC