

2002 UNIFORM BUSINESS REPORT (UBR)

09-11-2002 90127 016 150.00
FILED 001000100529

DOCUMENT # P01000100529

1. Entity Name
STEADYIMAGE, INC.

02 OCT 16 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4000 NORTH STATE ROAD 7
SUITE 411
LAUDERDALE LAKES FL 33319

Mailing Address
4000 NORTH STATE ROAD 7
SUITE 411
LAUDERDALE LAKES FL 33319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
673 NE 125th street
Suite, Apt. #, etc.

3. Mailing Address
673 NE 125th street
Suite, Apt. #, etc.

City & State
North Miami, FLORIDA
Zip 33161 Country U.S.A

City & State
North Miami Florida
Zip 33161 Country U.S.A

4. FEI Number
651145565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
SPIEGEL & UTRERA P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 SW 22nd street
4th Floor
City Miami FL Zip Code 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD IRONS, ZILLA 4000 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Digital Media ADRIAN ALLEN 1356 Avon Lane # 6-22 North Lauderdale, FL 33161	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of graphics & Animation Shana 1356 Avon Lane # 6-22 North Lauderdale FL 33161	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of multimedia Vivienne Chance 9001 W Sunrise Blvd Plantation, FL 33328	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL BRYANT PSTD 6300 NW 58th Way PARKLAND, FL 33067	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIAN ALLEN 9-30-02 954-650-2178

CR2E034 (4/02)

attachment 979763
Steadyimage
A Multimedia Group
PO 1000100529

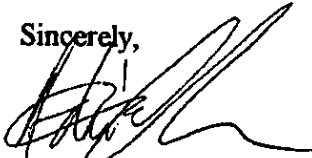
September 4, 2002

State of Florida

To Whom It May Concern:

We did not receive this request for payment in time, and are protesting the penalty due. Please accept payment of \$150.00 enclosed along with the changes indicated on the form.

Sincerely,



Adrian Allen
President

encl.