P0200001611

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Cameras Unlimited III, Corporation	
(Name of corporation)	
DOCUMENT NUMBER: P02000001611	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following:	
Robert G. Clements	
(Name of person)	
Jackson, Clements & Dawson, LLP	13 H
(Name of firm/company)	三世
5401 S. Kirkman Road, Suite 310	O3 HAY 13 AM W OO TALLAHASSEE, FLORIDA
(Address)	THOS.
Orlando, Florida 32819	STATION OF
(City/state and zip code)	DI
For further information concerning this matter, please call:	
Robert G. Clements at (407) 521-8883 (Name of person) (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, f		5,
Florida	of change is submitted for a corporation organized under the laws of thein order to change its registered office or registered agent, or b	-	te
of Florida.			-
1. The name of	the corporation: Cameras Unlimited III, Corporation		
2. The principal	office address: 5883 West Irlo Bronson Hwy., Kissimmee, Florida 34746		
3. The mailing	address (if different):	1	
4. Date of incor	rporation/qualification: 01/04/2002 Document number: P0:	2000001611	<u> </u>
	nd street address of the current registered agent and registered office on fill artment of State:	le with the	
	Apolonio J. Castillo		
	1022 Maiden Terr		
<i>-</i> -	Celebration, Florida 34747		
6. The name and changed):	nd street address of the new registered agent (if changed) and /or regi Orlando Calamaro	stered office (i	f
	5883 West Irlo Bronson Hwy.		
	(P.O. Box or personal mailbox NOT acceptable)	•	
	Kissimmee, Florida 34746	_	
The street addre	ess of its registered office and the street address of the business office of will be identical.	of its registered	
Such change wanted by the	as authorized by resolution duly adopted by its board of directors or by he board, or the corporation has been notified in writing of the change.	an officer so	
	Orlando Calamaro, President		
l hereby accept I further agree	t the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and it my diffies, and I am familiar with and accept the obligation of my posint. The first document is being filed merely to reflect a change in the relative confirm that the corporation has been notified in writing of the	complete tion as egistered is change.	•
Y	5/12/03	<u>≥</u>	
(S If signing on behal	Signature of Registered Agent) / (Date) If of an entity:	MAY 13 INETARY LAHASSI	77
(1	Typed or Printed Name) (Capacity)	THO A	ILED
	* * * FILING FEE: \$35.00 * * *	SI + 1	
	Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	LORIDA STATE LORIDA	