2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000033217 **DOCUMENT #**

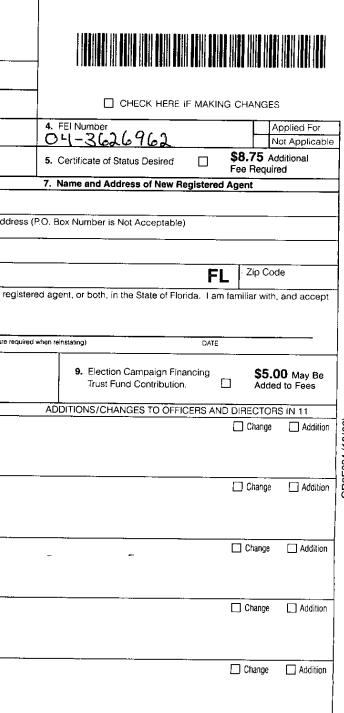
1. Entity Name RM DIGITAL IMAGES, INC.



	OB WE IS			
Principal Place of Business 11271 GREENSEDGE LANDING COURT FORT MYERS FL 33908	Mailing Address 11271 GREENSEDGE LANDING COURT FORT MYERS FL 33908			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			



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City & State		City & State		4. FEI Number 04-3626962	Applied For		
Zip	Country	Zip	Country	60	Not Applicable		
·			Country		.75 Additional Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MANDE	DI IOUDA I		Name				
MANDEL, RHONDA L 11271 GREENSEDGE LANDING COURT			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			Sireet Addre				
FORT MY	'ERS FL 33908						
			City	ſŢ <u>Ŀ</u> Ţ	Zip Code		
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing it	ts registered office or regi	istered agent, or both, in the State of Florida. I am famil	iar with, and accept		
SIGNATURE .		-					
	Signature, typed or printed name of registered agent and	d title if applicable. (NO	OTE: Registered Agent signature req	quired when reinstating) DATE	·- ·-		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11		
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NAME	MANDEL, RHONDA L 11271 GREENSEDGE LANDING CO	N INT	NAME		•		
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			CITY-ST-ZIP				

12. Thereby certify that the information supplied with this filling 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

SIGNATURE: