

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

05 FEB 21 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000013963	
1. Entity Name Pictures In Motion, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5370 NW 109 Ave		3. Mailing Address	
Suite, Apt. #, etc. Ste 7		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33178	Country	Zip	Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

04-05
MRS

DO NOT WRITE IN THIS SPACE	4. FEI Number 05-0553582		Applied For ☐
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Mendoza, Beatriz E		
	Street Address (P.O. Box Number is Not Acceptable) 5370 NW 109 Ave		
	City Miami	FL	Zip Code 33178

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST Mendoza, Beatriz E. 5370 NW 109 Ave Ste 7 Miami, FL 33178	FEI NAME STREET ADDRESS CITY-ST-ZIP 900047925049 03/08/05-01018-017 **300.00		
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12. 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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

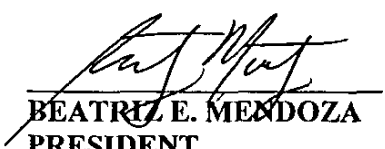
CR2E034B (12/02)

292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **PICTURES IN MOTION, INC.**
Thank you for your courtesy in this matter.


BEATRIZ E. MENDOZA
PRESIDENT