1/92

# 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

REINSTATEMENT 04-05
DO NOT WRITE IN THIS SPACE
MRS

| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | |
|---|---|---|---|
| 5370 NW 109 Ave | | 05-0553589 | Applied For / Not Applicable |
| Suite, Apt. #, etc.: Ste 7 | Suite, Apt. #, etc. | | |
| City & State: Miami, Fl | City & State | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required | |
| Zip: 33178 Country | Zip Country | | |

DO NOT WRITE IN THIS SPACE

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
Ste 7
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: _____ DATE
Signature, Attest or Digital Image of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PVST |
| NAME | Mendoza, Beatriz E. |
| STREET ADDRESS | 5370 NW 109 Ave Ste 7 |
| CITY-ST-ZIP | Miami, Fl 33178 |
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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**