2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| UN | IFOR | M BUSINE | <u>SS</u> | REPOR' | <u>r (l</u> | JBR) | | | | | | | |
|--|--------------------------------|-------------------------------------|-----------------|---|--|-----------------------|--------------|------------------------------|---|-----------|------------------|---------|-------------------|
| DOCUMENT # PO 3000 109 781 1. Entity Name PHOTO YO TMAGING PRODUCTIONS INC. | | | | | | | | | FILED | i | | | |
| PHOTO TO THE GIVE THE PROPERTY OF THE PROPERTY | | | | | | | | 05 | MAY 24 AH 11: 17 | | | | |
| Principal Place of Business 6442' SW 8+h Street West MIAMI FL, 33144 | | | | Mailing Address PO BOX 348054 CORAL GABLES FL 33234 | | | | ان اللّار | DRETARY OF STATE LAHASSEE, FLORIC | iA | | | |
| 2. Principal P | lace of Rusin | AFC | 3 Ma | iling Address | ··· | | | | | | | | |
| | | | | | | | | | | | - | , | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | | City & State | | | | | El Number 20-0346 | 121 | - | | Applicable |
| Zip | Zip Country | | Zip | | Country | | _ | | Certificate of Status Desired | | \$8.75 Fee Re | | |
| | 6. Name | and Address of Current | Register | ed Agent | | | 7. N | lame and Address of New R | egistere | ed Agent | | | |
| | | | | | | Name | | | | | | | |
| | SABEL MAI | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 142 SW 29 AVE HIAHI FL 33135 | | | | | | | | | | | | - | |
| | _ | | | | | City | | | | F | Zip | Code |) |
| | named entity ions of regist | | r the purp | oose of changing its | registere | ed office or re | egistere | ed age | ent, or both, in the State of Flo | rida. I a | ım familiar | with, a | and accept |
| SIGNATURE . | Signature, typed | or printed name of registered agent | and title it ap | plicapie. (NGTE | : Pagistere | a Agent signature | beráupen | when rei | instating) | DAT | Ē. | | |
| | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State | | | | | | | | } | Election Campaign Fin Trust Fund Contribution | - | | | May Be to Fees |
| | C rayable to | | | } | | | | | | | | | |
| 10. | PO | OFFICERS AND | DIRECTO | | 11. | | | AD | DITIONS/CHANGES TO OFFI | CERS A | | | |
| NAME | SIERA, IS | ABEL | | Oefete* | TITLE | 1 | | | | | ☐ Ch | ange | Addition |
| STREET ADDRESS | 1425 | w729 AVE | | | • | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | MIAH | 11 FL 33135 | | | CITY- | -ST-ZIP | | | | | | | |
| TITLE NAME | | | | ☐ Delete | TITLE | | | | | | ☐ Ch | • | Addition |
| STREET ADDRESS | j | | | | | ET ADDRESS | | _ | 60005597 10105721057 | 781 | .45_ | | |
| Crty-St-Zip | | | | | | -ST-ZIP | | 0 | 16/69/0501057 | 005 | **15L | 1.00 | |
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| NAME |) | | | | MAM | 1 | | | | | | | |
| STREET ADORESS | | | | | 1 | ET ADDRESS -ST-ZIP | | | | | | | |

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 it 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 changed, or on an attachment with an address, with all other like empowered.