

DOCUMENT# P04000065972

**FILED**  
**Jan 29, 2005**  
**Secretary of State**

Entity Name: THE PICTURE FACTORY OF EAST NAPLES, INC.

**Current Principal Place of Business:**

2320 VANDERBILT BCH RD  
NAPLES, FL 34109

**New Principal Place of Business:****Current Mailing Address:**

2320 VANDERBILT BCH RD  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CISKIE, ROGER D  
2370 VANDERBILT BEACH ROAD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEOP ( ) Delete  
Name: CISKIE, STEVEN J  
Address: 9873 CLEAR LAKE CIR  
City-St-Zip: NAPLES, FL 34109

Title: DV ( ) Delete  
Name: BATES, MARK C  
Address: 2375 TERRA VERDE LN  
City-St-Zip: NAPLES, FL 34105

Title: CDS ( ) Delete  
Name: CISKIE, ROGER D  
Address: 675 WEST AVE  
City-St-Zip: NAPLES, FL 34109

Title: CFOT ( ) Delete  
Name: MURROW, SKIP  
Address: 7508 SAN MIGUEL WAY  
City-St-Zip: NAPLES, FL 34209

Title: D ( ) Delete  
Name: SADIK, OFER  
Address: 2860 CENTER PORT CIR  
City-St-Zip: POMPANO BCH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEOP (X) Change ( ) Addition  
Name: CISKIE, STEVEN J  
Address: 333 SEVERIN RD SE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SKIP MURROW

T

01/29/2005

Electronic Signature of Signing Officer or Director

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Date \_\_\_\_\_