FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92195 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010012

90126056

1. Entity Name
PUBLIC IMAGE LIMITED COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
166 ALHAMBRA CIRCLE 2ND FLOOR CORAL GABLES, FL 33134 US	166 ALHAMBRA CIRCLE 2ND FLOOR CORAL GABLES, FL 33134 US

2. Principal Place of Business	3. Mailing Address
2506 PONCE DE LEON	
Suite, Apt. #, etc. CORAL GABLES, FL	Suite, Apt. #, etc.
City & State	City & State
Zip 33134 Country US	Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0394506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEDLEY-NOBLE, DAVID 166 ALHAMBRA CIRCLE 2ND FLOOR CORAL GABLES, FL 33134	Name DAVID HEDLEY-NOBLE Street Address (P.O. Box Number Is Not Acceptable) 2506 PONCE DE LEON City CORAL GABLES FL Zip Code 33134

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] APRIL 22, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDLEY-NOBLE, DAVID 8412 SW 163RD TERRACE MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2506 PONCE DE LEON CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEDLEY-NOBLE, JANA 8412 SW 163RD TERRACE MIAMI, FL 33157	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] APRIL 22, 2003 305-446-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #