2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000024899 Photo GRAPH-X, IUC. 01 DEC 10 PM 2: 05 Mailing Address 1500 Worst Rd Ocope FC Worst Rd 2. Principal Place of Business 3. Mailing Address 1500 00017 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS Ridgofiad DR STREET ADDRESS 000004726750-(Dee CITY-ST-ZIP CITY-ST-ZIP <u>-12/14/01--0</u>1047--014 TITLE ☐ Delete TITLE EXCHANGE SOLD Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

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

October 29, 2001

Florida Department of State Division of Corporations Annual Report P O Box 6327 Tallahassee, FL 32314-6327

Dear Sir,

I received notification that the annual filing fee for my corporation, Photograph-X Inc, P93000024899, was not paid timely and thereby was dissolved.

I reviewed my status online atsunbiz org and downloaded a copy of the UBR. I was unable to tell by looking at this form why we had not received it in our offices. We have been through several bookkeepers this year and am concerned that maybe one of them discarded the notice not understanding what it was.

I have enclosed our check for \$150.00 for the initial filing fee. This letter is a request to abate the additional penalty with the understanding that we did not receive the renewal. We have been incorporated with the State of Florida since 1993 and understand the importance of filing the paperwork timely.

Sincerely,

Michael J. Miller

Director