## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am DOCUMENT # P93000062151 Secretary of State PHOTO OPPORTUNITIES, INC. 03-15-2000 90068 027 \*\*\*150.00 Principal Place of Business Mailing Address 800 DOUGLAS RD. 800 DOUGLAS RD. #205 CORALI GABLES FL 33134-3187 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 4710 LE JUNE ROAD 50MB Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City, & State 4. FEI Number City & State 65-0435072 Not Applicable ORAL Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RJUSY, GARY P Street Address (P.O. Box Number is Not Acceptable) Y 7 10 (F. TUNE ROAD RILEY, GARY P 800 DOUGLAS ROAD SUITE 205 CORAL GABLES FL 33134 FL statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits to DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete HENCINSKI, EDWARD J JR NAME NAME 800 DOUGLAS ROAD, STE. 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 D RILBY, GARY P 4710 LEJUNG ROAD CORAL GABLES, FL 33/34 Change Ch Addition ☐ Delete TITLE RILEY, GARY P NAME NAME STREET ADDRESS 12241 S.W. 129 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33134** Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Oelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ ] Addition ☐ Delete TITLE TITLE NAME 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #