

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90210 016 \*\*\*150.00

**DOCUMENT # P93000067945**

1. Entity Name  
PICTURE PHONE DIRECT INC.



Principal Place of Business  
200 COMMERCE DRIVE  
ROCHESTER, NY 14623

Mailing Address  
200 COMMERCE DR.  
ROCHESTER, NY 14623 US

**54039235**



03302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0480796**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GOLDSTEIN, JEREMY  
1405 W. 24TH STREET  
MIAMI BEACH, FL 33104

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, JEREMY 1405 W 24TH STREET MIAMI BEACH, FL 33104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, JULIAN 200 COMMERCE DR ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>INOLUE</del> <b>INOLUE, YOSHIRO</b> KOWA CO. LTD., 55 EAST 59TH ST., SUITE 19A NY, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Julian Goldstein* *Julian Goldstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04 585 359-4000