FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90043 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019001

1. Entity Name

Image Factory Publishing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1500 San Remo Avenue	1500 San Remo Avenue
Suite, Apt. #, etc.: Suite 249	Suite, Apt. #, etc.: Suite 249
City & State: Coral Gables, Fl 33146	City & State: Coral Gables, Fl 33146
Zip: 33146 Country: Dade	Zip: 33146 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0493615 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Walter N. Strump

Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue Suite 249

City: Coral Gables FL Zip Code: 33146

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 ______ 4/30/03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	president
NAME	Walter N. Strump
STREET ADDRESS	1500 San Remo Avenue, Suite 249,
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034E (10/02)