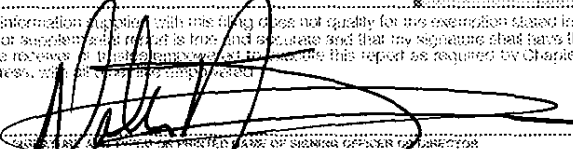


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90043 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <i>P94000019001</i>			
1. Entity Name Image Factory Publishing, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1500 San Remo Avenue Suite, Apt. #, etc. Suite 249 City & State Coral Gables, FL 33146 Zip 33146		3. Mailing Address 1500 San Remo Avenue Suite, Apt. #, etc. Suite 249 City & State Coral Gables, FL 33146 Zip 33146	
		4. FEI Number 65-0493615	
		5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		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	
8. This above named entity submit 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 I accept the obligations of registered agent.			
SIGNATURE Signature of Officer or Director or Registered Agent or other responsible person. Date: 4/30/03		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	president Walter N. Strump 1500 San Remo Avenue, Suite 249, Coral Gables, FL 33146	NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this report or supplement to a report is true and accurate and that the 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 of the corporation; and that my name appears in block 10 or on an attachment with an address, and that my name is not on the list of persons who are prohibited from filing this report as required by Chapter 607, Florida Statutes; and that my name appears in block 10 or on an attachment with an address, and that my name is not on the list of persons who are prohibited from filing this report as required by Chapter 607, Florida Statutes.			
SIGNATURE:  Name and Address of Officer or Director or Registered Agent or other responsible person. Date: _____			