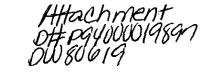
2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 23, 2000 8:00 am Secretary of State DOCUMENT # P94000019897 1. Entity Name ARCHITECTURAL PHOTOGRAPHY, INC. 08-23-2000 90028 042 ***150.00 Principal Place of Business Mailing Address 6463 LACOSTA DR. 6463 LACOSTA DR. SUITE 405 SUITE 405 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0483575 Not Applicable Zip Country 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 SHOCHET, STEPHEN L ESQ Street Address (P.O. Box Number is Not Acceptable) 2500 N. MILITARY TRAIL **SUITE 220 BOCA RATON FL 33431** 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. DP TITLE TITLE Change ☐ Addition □ Delete NAME ABRABEN, MARY R NAME STREET ADDRESS 6463 LACOSTA DR., SUITE 405 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition TITLE Change TITLE Delete ABRABEN, EMANUEL NAME NAME STREET ADDRESS STREET ADDRESS 6463 LACOSTA DR., SUITE 405 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33433** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition 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

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.



Arnold M. Gotthilf

ACCOUNTANTS & TAX CONSULTANTS

August 15, 20000

Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

Re: Abraben Architect, Inc. P99000047484 Architectural Photography, Inc. P94000019897

Dear Sirs:

My clients referenced above have completed and herewith file the Uniform Business Report for the year 2000, with a check for \$150.00 for each corporation.

My Clients inform me that this was the first report they received in the mail. They did not receive the earlier mailing from your Department for the earlier due date. Therefore, they do not believe that they should be considered as late filers. If they had received the forms on time then they would have filed and paid in a timely Fashion.

Please reconsider and accept the enclosed reports, together with their checks for \$150.00 each.

Very truly yours,

Arnøld M. Gotthilf