

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90035 047 ***150.00

DOCUMENT # P94Q00021833

1. Entity Name
LIVE IMAGES, INC.

Principal Place of Business
**115 LAKE EMERALD DR., APT. 106
 FT. LAUDERDALE FL 33309**

Mailing Address
**115 LAKE EMERALD DR., APT. 106
 FT. LAUDERDALE FL 33309**

975034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2261 NE 67TH STREET
 Suite, Apt. #, etc. **1831**

3. Mailing Address
2261 NE 67TH STREET
 Suite, Apt. #, etc. **1831**

City & State
FORT LAUDERDALE, FL 33308
 Zip **33308** Country **USA**

City & State
FORT LAUDERDALE, FL
 Zip **33308** Country **USA**

4. FEI Number **65-0472738** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ERKERT, ROBERTO
115 LAKE EMERALD DRIVE APT. 106
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 **ROBERTO ERKERT - PRESIDENT** DATE **04/27/01**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ERKERT, ROBERTO | |
| STREET ADDRESS | 115 LAKE EMERALD DR., APT. 106 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33309 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------------|------------------------------------------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERKERT, ROBERTO | |
| STREET ADDRESS | 2261 NE 67TH STREET #1831 | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 **ROBERTO ERKERT** DATE **04/27/01** DAYTIME PHONE # **954.614.7406**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/00)