PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION | | FLORIDA DEPAR | | | | |
|----------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------|
| DEMOTATEMEN | | Sacrain Sacrain | DE RANGE | 0 | FILED FEB -7 AM | 9: 22 |
| DOCUMENT # \$ 95000 14070 (3) 1. Corporation Name | | | | SECRETARY OF STATE TALLAHASSEE FLORIDA | | |
| J. T. = | Images, | IN. | | | | |
| 2. Principal Office Address | <u>.</u> | 3. Mailing Office Addres | _ | | | |
| 2115 Shawner St | | 2115 Shawneest | | | | |
| Suite, Apt. #, etc. Salace Apr. # 1 - ###1 | | Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida 2/20/95 | | |
| Sanasota 71. 34231 | | Schasofu 71. | | 5. FEI Number Applied For Not Applicable | | |
| - F | masola. | Zip 34231 | Schasola. | 6. CERTIFICATE OF STAT | 110 DECIDED | Additional Fee required Certificate of Status |
| | No. 1 | 7. Name and A | ddress of Current Registe | red Agent | | |
| Name |) usche | R. GERF | ald J. | | and the second second second | -) 1 = |
| | (P.O. Box Number is N | | | 300 | | 1067-1015 |
| Suite, Apt. #, Et | C | 2100140 | | 12.70 | *****300.00 | ************* |
| City | SARUS | ota . | | State FL | Zip Code 34231 | |
| 8. I, being appointed the regis | stred agent of the abo | we named corporation, am t | familiar with and accept the c | obligations of section 607.0 | 505 or 617.0503, F.S. | |
| Signature of Registered Agent | end of | SUSCEPTION OF THE STREET AGENT MUST | SIGN | Date | 2-04-01 | , |
| 9. Names and Street Addres | ses of Each Officer and | t/or Director (Florida nonpro | ofit corporations must list at le | east 3 directors) | | |
| Titles Of | Name of ficers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | |
| P Busch | ver Get | ea id 2119 | 5 Shawnec | 5T· 3 | anasata | 41.3423 |
| | | | | · · · · · · · · · · · · · · · · · · · | | 7 td 78 77 11 |
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| owed by the corporation h | tion, the reason for diss nave been paid and the | olution has been eliminated names of individuals listed (| o execute this application as I, the corporate name satisfie on this form do not qualify for the legal effect as if made und | s the requirements of section an exemption under section | on 607.0401 or 617.0401, | tify that when filing , F.S., that all fees |

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J. T. Images, Inc. 2115 Shawnee St. Sarasota, Fl. 34231 (941) 921-5436

Dept. of State,

I'm sorry for the mix-up and the Dept. of State not getting a copy of our address change.

When we changed address' last year, we got what we thought was a compete list of government agencies inwhich we had to send out our new address..

Please allow for this one time error on our part. Enclosed is a check for \$300.00 as requested for the review of this matter.

Thank-you for helping me in this matter.

Sincerely,

Gerald Buscher

Feb. 04, 2001