

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90196 028 ***150.00

DOCUMENT # P95000082599
 1. Entity Name
Prelude Pictures of Florida, Inc.

Principal Place of Business Mailing Address
2760 White Wing Lane
West Palm Beach, FL 33409

2. Principal Place of Business SAME 3. Mailing Address SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0739453 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BERNARD Chaimonwicz
2980 West Trade Ave
Coconut Grove, FL 33133

7. Name and Address of New Registered Agent
 Name MARK W. KOECH
 Street Address (P.O. Box Number is Not Acceptable) 1822 Breakers West Ct.
 City West Palm Beach FL Zip Code 33411

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | <u>P. S.</u> | <input type="checkbox"/> Delete |
| NAME | <u>MARK W. KOECH</u> | |
| STREET ADDRESS | <u>1822 BREAKERS WEST CT.</u> | |
| CITY-ST-ZIP | <u>WEST PALM BEACH, FL 33411</u> | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <u>V.P. F.</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <u>STEPHANIA FINLEY KOECH</u> | |
| STREET ADDRESS | <u>1822 BREAKERS WEST CT</u> | |
| CITY-ST-ZIP | <u>WEST PALM BEACH, FL 33411</u> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Mark W. Koeh Date 4/5/01 Daytime Phone # 561-686-5762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)