

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025023

1. Entity Name

QUANTUM IMAGE MULTIMEDIA, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90052 040 \*\*\*150.00

Principal Place of Business

2870 FORSYTH RD  
1214  
WINTER PARK FL 32792  
US

Mailing Address

2870 FORSYTH RD  
1214  
WINTER PARK FL 32792-8227  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3364866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THATCHER, MIKE  
7506 SUNTREE CIR  
APT 295  
ORLANDO FL 32807

Name REALE, MAURICIO

Street Address (P.O. Box Number is Not Acceptable)

104 RIVER CHASE DR.

City ORLANDO

FL

Zip Code  
32807

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)

DATE

4-17-00

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, 2000 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 P ☐ Delete  
NAME REALE, MAURICIO C  
STREET ADDRESS 1052 LOTUS COVE CT, APT 735  
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE P ☒ Change ☐ Addition  
NAME REALE, MAURICIO C  
STREET ADDRESS 104 RIVER CHASE DR.  
CITY-ST-ZIP ORLANDO, FL 32807

TITLE VP ☐ Delete  
NAME THATCHER, MIKE  
STREET ADDRESS 7506 SUNTREE CIR 295  
CITY-ST-ZIP ORLANDO FL

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
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STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ 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:

SIGNATURE OF MAURICIO REALE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00

CR2E034 (9/99)