

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025023

1. Entity Name

QUANTUM IMAGE MULTIMEDIA, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91301 039 ***150.00

0058847

Principal Place of Business

2870 FORSYTH RD.
1214
WINTER PARK FL 32792
US

Mailing Address

2870 FORSYTH RD
1214
WINTER PARK FL 32792
US

000011

2. Principal Place of Business

2830 Forsyth Rd.
Suite, Apt. #, etc.
454

3. Mailing Address

2830 Forsyth Rd.
Suite, Apt. #, etc.
454



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK FL

City & State

WINTER PARK FL

4. FEI Number

59-3364866

Applied For

Not Applicable

Zip

32792

Country

US

Zip

32792

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REALE, MAURICIO C
104 RIVER CHASE DRIVE
ORLANDO FL 32807

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME REALE, MAURICIO C
STREET ADDRESS 104 RIVER CHASE DRIVE
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-01

Daytime Phone #

321-229-6444

CR2E034 (10/00)