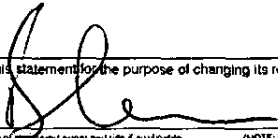
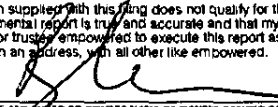


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

30050812

DOCUMENT # P96000098163			
1. Entity Name CUSTOM PHOTO, INC.			
Principal Place of Business 233 S. STATE ROAD 7 MARGATE, FL 33068		Mailing Address 1810 SABEL DRIVE DEERFIELD BEACH, FL 33442	
2. Principal Place of Business		3. Mailing Address P.O. Box 5032	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DEERFIELD BEACH FL	
Zip	Country	Zip	Country
33068		33442	
4. FEI Number 65-0715843		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEWIS, BARBARA 233 S STATE ROAD 7 MARGATE, FL 33068		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/1/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reappointing)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-STATE-ZIP		
PSTV	LEWIS, BARBARA		
233 S. STATE ROAD 7	MARGATE, FL 33068		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/1/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		City/State/Phone #	

CH2E034 (1/02)