2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P97000025757 1. Entity Name DIGITAL IMAGING ASSOCIATES, INC. 04-16-2001 90061 026 ***158.75 Principal Place of Business Mailing Address 20121 NE 16TH PLACE 20121 NE 16TH PLACE MIAMI FL 33179 MIAMI FL 33179 US 2. Principal Place of Business 3. Mailing Address 4674-76 No. HIATUS RD 4674-76 No. HIATUS RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-0744419 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ~ve BENNSTEIN, STEVE 2.0. Box Number is Not Acceptable) 20121 NE 16 PLACE **MIAMI FL 33179** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) **X** Change TITLE □ Delete TITLE BERNSTEIN, STEVE NAME NAME 4674-76 No. HIATUS ROAD **20121 NE 16TH PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 SUNKISE, FL 39351 ☐ Delete TITLE TITLE LEIBOVITZ, STEVE NAME NAME 4674-76 No. HIATUS ROAD 20125 NE 16 PLACE STREET ADDRESS STREET ADDRESS 5 NRISE, FL 33351 CITY-ST-ZIP MIAMI FL 33179 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trostee en powered 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 addition with all other like empowered.