2003 FOR PROFIT CORPORATION

P97000031652

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT #

HUNTER PHOTOGRAPHIC SERVICES, INC.



Principal Place of Business Mailing Address 2743 HOLLYWOOD BLVD. 2743 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 *HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0688645 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Number = 59-2195589 PISO, DARYL J Street Address (P.O. Box Number is Not Acceptable) 2743 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition PISO, DARYL J NAME NAME STREET ADDRESS 2743 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE LOPATA, RON J NAME NAME 2743 HOLLYWOOD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP Delete_ TITLE TITLE Change ☐ Addition NAME HUNTER, CARL D NAME STREET ADDRESS STREET ADDRESS 2743 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change □ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

REQUIRERARL DON HUNTER

FILED

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90034 041 ***150.00