FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90142 020 ***150.00

FILED

1999

DOCUMENT #

1. Corporation Name P97600100270

Photo Retouching Inc. DREamworks

Principal Place of Business 1501

NW 10 STREET

5a mo

Mailing Address

Boca Raton, FL					DO NOT WRITE IN THIS SPACE					
	33486					3. Date ir corporated or Qualifed				
2.	Principa Place of Business	2a. Mailing Address	-			4. FEI Number		Applied For		
21		26				65-0797313	· • • • • • • • • • • • • • • • • • • •	Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired		75 Additional e Recuired		
23	City & S ate	City & State				6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees		
24	Zip Country 25	Zip 29	30 Co	untry		8. This or rporation owes the current year Personal Property Tax.	ntangible Yes	JDM6		
	9. Name and Add ess of Current			Ш.		10. Name and Address of New Registers	d Agent	-		
Benedict, John 1501 NW 10th STREET BOCA Raton, FL 33486				81	Name					
				82	82 Street Acdress (P.O. Box Number is Not Acceptable)					
				83						
		,		84	City	F	L 85	Zip C ode		
4.4	Durana at to the provinces of Scations 607 0502	and 607 1609 Florida State	ion the s	1	named or m	poration cultimits this statement for the nurnose	of changen	a its radistered		

ruisual it to the provisions of Sections our 1992 and our 1992, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed naise of registered agent and title if applicable. (NOT : F	Registered Agent signature required when r	einstating) DATE								
12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12						
TITLE D DELETE	1.1 TITLE		Change	Addition						
NAME Benedict, John STREETADDRESS 1501 NW 10 ST	12 NAME									
STREET ADDRESS 1501 NW 10 ST	1.3 STREET ADDRESS									
CITY-ST-ZIP BOCA RATON FL 33486	1.4 CITY-\$T-ZIP									
TITLE D DELETE	2.1 TITLE		☐ Change	Addition						
NAME STREET ADDRESS CITY-ST-ZIP BOCO LATON, FL 33486	2.2 NAME									
STREET ADDRESS 1501 NW 10 5T	2.3 STREET ADDRESS									
CITY-ST-ZIP BOCA Laton, FC 38486	2.4 CITY-ST-ZIP									
TITLE DELETE	31 TITLE		Change	Addition						
NAME	32 NAME									
STREET ADDRE: S	3.3 STREET ADDRESS									
CITY-ST-ZIP	3.4. CITY-ST-ZIP									
TITLE DELETE	41 TITLE		Change	Addition						
NAME	4. 2 NAME									
STREET ADDRESS	4 3 STREET ADDRESS									
CITY-ST-ZIP	4 4 CITY-ST-ZIP									
TITLE DELETE	5 1 TITLE		Change	Addition						
NAME	5.2 NAME									
STREET ADDRESS	5.3 STREET ADDRESS									
CITY-ST-ZIP	5.4 CITY-ST-ZIP									
TITLE DELETE	6.1 TITLE		Change	☐ Addition						
NAME	6.2 NAME									
STREET ADDRE IS	6 3 STREET ADDRESS									
CiTY-ST-ZiP	6.4 CITY-ST-ZIP									
14. I hereb / certify that the information supplied with this filing does not qualify for t	the exemption stated in Section	119.07(3)(i), Florida Statutes. I further cer	tify that the in:	ormation						

indicated on this annual report or supplemental annual 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapsed or on an attachment with an address with a life time.

SIGNATURE:

561-347-7768