

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90024 037 ***150.00

DOCUMENT # P97000100883

1. Entity Name
IMAGING NETWORK COMPANY



Principal Place of Business
**6191 ORANGE DRIVE
DAVIE FL 33314**

Mailing Address
**6191 ORANGE DRIVE
DAVIE FL 33314**

2. Principal Place of Business
3931 SW 47th Ave

3. Mailing Address

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.

City & State
DAVIE Florida

City & State

Zip
33314

Country
USA

Zip

Country

4. FEI Number **65-0797687**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPRING, MARC
6191 ORANGE DRIVE
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **MARC Spring**
Street Address (P.O. Box Number is Not Acceptable)
3931 SW 47th Ave Suite 101
City **DAVIE** FL Zip Code **33314**

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 *Marc Spring*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/9/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPRING, MARC**
STREET ADDRESS **6191 SW 47TH AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33314**

☒ Change ☐ Addition
TITLE
NAME **3931 S.W. 47th Ave Suite 101**
STREET ADDRESS **DAVIE, FL 33314**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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.

SIGNATURE: *Marc Spring* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

924 453-0700

Daytime Phone #

CR2E034 (10/02)