2002 UNIFORM BUSINESS REPORT (UBR) P98000022725 DOCUMENT # 1. Entity Name ARTISTIC IMAGES, INC. Principal Place of Business Mailing Address 180 NORTHEAST 32ND COURT 180 NORTHEAST 32ND COURT FT LAUDERALE FL 33334 FT LAUDERALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 5. 6. Name and Address of Current Registered Agent 7. BLACKMAN, AARON Street Address (P.O. 180 NE 32 CT. FT. LAUDERDALE FL 33334 8. The above named entity submits this statement for the purpose of changing its registered office or registered at

FILED Jun 12, 2002 8:00 am Secretary of State

06-12-2002 90239 020 ***550.00

				DO NOT WRITE IN THIS SPACE								
					DO NOT	WRITE	IN THIS	S SP/	ACE			
4. 5				FEI Number 65-0821760						Applied For Not Applicable		
Country 5.			Certificate of	Status Desir	red			3.75 Additional e Required				
	7. Name and Address of New Registered Agent											
Name												
Street Address (P.O. E			Box Number i	is Not Accep	otable)							
City				FL					Zip Code			
g its	registere	d office o	registered ag	gent, or both,	in the State	of Florid	a.					
(NOTE: Registered Agent signature required when re			einstating)			DATE						
DW!!! FEE IS \$150.00 , 2002 Fee will be \$550.00 ayable to Department of State					10. Election Campaign Financing Trust Fund Contribution. \$5.00 M Added to F					е		
	12.		AD	DITIONS/CH	HANGES TO	OFFICE	RS AN	ID DI	RECTOR	S IN 11		
		T ADDRESS ST-ZIP					- -] Change	Addil	tion	

CITY-ST-ZIP	FT LAUDERALE FL 33334	CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	٥.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE	☐ Delete	TITLE		Change	☐ Addition

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

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 trustee empowered 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 attachme

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

11.

TITLE

NAME

(See criteria on back)

PSTD

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

BLACKMAN, AARON

STREET ADDRESS 180 NORTHEAST 32ND COURT

Daytime Phone #

Change

Addition