2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P98000029027 1. Entity Name IMAGING USA CORPORATION 01-26-2000 90033 036 ***158.75 Principal Place of Business Mailing Address 961 NW 53 STREET 961 NW 53 STREET FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33064-1526 80007615 2. Principal Place of Business 2601 NW 17th LN 3. Mailing Address 17th LN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FE! Number POMPANO, FL POMPANO, FL 65-0834231 Not Access to Country US \$8.75 Additional 33064 33064 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTHBERG, IRA ROTHBERG, IRA Street Address (P.O. Box Number is Not Acceptable) 2601 NW 17th LN 961 NW 53 STREET FT LAUDERDALE FL 33309 Zip Code 33064 POMPANO 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VP. TITLE A Change Addition Delete TITLE **VP** ROTHBERG, IRA NAME NAME ROTHBERG, IRA STREET ADDRESS STREET ADDRESS **961 NW 53 STREET** 2601 NW 17th LN POMPANO, FL 33064 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Change Addition ☐ Delete TITLE TITLE NAME ROTHBERG, PATRICIA STREET ADDRESS STREET ADDRESS. 2601 NW 17th LN CITY-ST-7IP CITY-ST-ZIP POMPANO, FL 33064 Addition A ☐ Change ☐ Delete TITLE NAME VOLK, VALERIE STREET ADDRESS STREET ADDRESS 2601 NW 17th LN CITY-ST-7IP CITY-ST-ZIP POMPANO,FL 33064 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition Addition TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information applied 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 attachment with an address, with all other life exponenced.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

METURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

☐ Delete

954 491-6383

☐ Change

Addition