2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000061993** May 13, 2000 8:00 am Secretary of State 1. Entity Name IMAGINEWORKS, INC. 05-13-2000 90021 035 ***150.00 Mailing Address Principal Place of Business 1730 S FEDERAL HWY 3548 ENSIGN CIRCLE **BOX 239** DELRAY BEACH FL 33484 DELRAY BEACH FL 33483-3309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0866114 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPYRIDON, DIANNE Street Address (P.O. Box Number is Not Acceptable) 3548 ENSIGN CIRCLE **DELRAY BEACH FL 33484** Zip Code City FL 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 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. XX Change Addition ☐ Delete TITLE **PSC** TITLE SPYRIDON, DIANNE NAME NAME Ę 3548 ENSIGN CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Addition **★**Change ☐ Delete TITLE DV HETLAND, STEVEN NAME STREET ADDRESS STREET ADDRESS 3548 ENSIGN CIR CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL **★** Change ___ Addition ☐ Delete TITLE TITLE TRAN, VINCENT NAME Tran, Vincent STREET ADDRESS STREET ADDRESS 1670-7 STONEHAVEN 108 Malaga Street CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** Royal Palm Beach, FL ■ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ~ □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 attachment with an address, with all other like empowered.

SIGNATURE: Danie Danie Santa President

4/26/00

(561) 243-8588