FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90885 028 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #
1. Entity Name P98000078969
Flowing Images, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1999 NE 150th ST.	1999 Ne 150th ST.
Suite, Apt. #, etc:	Suite, Apt. #, etc.
City & State: MIAMI Fl.	City & State: MIAMI Fl.
Zip: 33181 Country: USA	Zip: 33181 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0863331 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~Spiegel & Utrera, P.A.~~ MAINICK, WILLIAM A. ESQ.

Street Address (P.O. Box Number is Not Acceptable): ~~1840 Coral Way, 6th Floor~~ 100 SE 2 ST #2700
NATIONSBANK TOWER

City: Miami MIAMI FL Zip Code: ~~33145~~ 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P/D NAME SARGENTE, Joseph B STREET ADDRESS 859 NE 73rd ST CITY-ST-ZIP MIAMI Fl. 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V/S/D NAME DARREN S. COHEN STREET ADDRESS 1999 NE 150 ST. #112 CITY-ST-ZIP MIAMI Fl. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME DAVID A. COHEN STREET ADDRESS 1999 NE 150 ST. #112 CITY-ST-ZIP MIAMI Fl. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DARREN COHEN 4/29/02 305 949-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #