

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90731 024 ***150.00

00383651 AV

DOCUMENT # P99000010361

1. Entity Name
DYNAMIC IMAGING GROUP, INC.



Principal Place of Business
**3418 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308**

Mailing Address
**3418 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308**

2. Principal Place of Business
3428 N. OCEAN BLVD

3. Mailing Address
3428 N. Ocean Blvd

Suite, Apt. #, etc.

City & State
FT. LAUD FL

City & State
FT. LAUD FL

Zip Country
33308 FL

4. FEI Number **65-0824805** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRETON, ROLAND
3418 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308

3428 N. OCEAN BLVD

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRETON, ROLAND	
STREET ADDRESS	3418 N. OCEAN BLVD. 3428 N OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, GARY	
STREET ADDRESS	3418 N OCEAN BLVD 3428 N. OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Tracy Alfred III	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director / Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfred H Tracy III	
STREET ADDRESS	4797 Preseruc Dr	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graham, Mark	
STREET ADDRESS	3428 N. OCEAN BLVD	
CITY-ST-ZIP	FT. LAUD, FL. 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **SIGNATURE REQUIRED**

Date **4/11/03** Daytime Phone # **954-584-1133**

CR2E034 (10/02)