2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P9900020542 DOCUMENT # 1. Entity Name PREMIERE DIGITAL CATALOGS, INC. 04-11-2002 90683 022 ***150 00 Principal Place of Business Mailing Address 6991 N.W. 82ND AVENUE 6991 N.W. 82ND AVENUE RAY 2 BAY 2 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0899490 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DUNCANSON, HARRY R** Street Address (P.O. Box Number is Not Acceptable) 1182 NW 159TH DRIVE **MIAMI FL 33169** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE TITLE ☐ Addition ☐ Delete DUNCANSON, DONALD, NAME NAME 1182 NW 159TH DRIVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE DUNCANSON, HARRY R NAME NAME 1182 NW 159TH DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME DORFMAN, ALECTRON NAME 6991 NW 82ND AVENUE - BAY 2" STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33166** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 of justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

HARRY R. DUNCANSON, SEC.

4/5/02

s, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: