CAPITAL CONNECTION 850 222 1222 05/10 '00

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90009 009 ***150.00

B0101266

DOCUMENT # P99000046528

1. Entity Name: Klix Foto, Inc.

Principal Place of Business	Mailing Address
516 NW 7th Street Williston FL 32696	516 NW 7th Street Williston, FL 32696

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
308 W. University Ave	308-A W. University Ave
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: C
City & State: Gainesville FL	City & State: Gainesville FL
Zip: 32601 Country: Alachua	Zip: 32601 Country: Alachua

4. FEI Number: 59-3603436 ☐ Applied For ☐ Not Applic

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Howard M. Rosenblatt, Esq. 2830 NW 41st Street Suite J Gainesville FL	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.

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

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Marcia K. Burr 516 NW 7th Street Williston FL 32696 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President James Meadow Pi220 PO Box 1167 Hawthorne, FL 32640 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Gaydona N. Dandona 516 NW 7th Street Williston, FL 32696 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addi
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia K. Burr Marcia K. Burr, President (352)377-3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #