FILED
Jun 09, 2003 8:00 am
Secretary of State

05-07-2003 90174 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069936

1. Entity Name
WORLD CLASS IMAGES, INC.

Principal Place of Business	Mailing Address
7765 SW 87 AVE STE 102 MIAMI, FL 33173	7765 SW 87 AVE STE 102 MIAMI, FL 33173

44003541 [redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5317 Fruitville Rd. #118	5317 Fruitville Rd. #
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 118
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34232 Country: U.S.A.	Zip: 34232 Country: U.S.A.

4. FEI Number: 65-0940313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [redacted]

6. Name and Address of Current Registered Agent

SHERIDAN, DREW S
7765 SW 87 AVE STE 102
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: N/A

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: _____ DATE

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

[redacted]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD VEGA-SORRENTINI, DANIELLE 7765 SW 87 AVE STE 102 MIAMI, FL 33173	☐ Delete	PSTD Vega-Sorrentini, Danielle 5317 Fruitville Rd. Suite 118 Sarasota, Florida 34232	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 6/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date