COLUMENT # P99000086987  APTIVE IMAGE INC.  OF JUN 23 AM S: 1/4  BOCA ARTON R. 30405 8U.O. SUTE 219  BOCA RATION R. 30405 2074  FILED  OF JUN 23 AM S: 1/4  BOCA ARTON R. 30405 2074  FILED  OF JUN 23 AM S: 1/4  BOCA ARTON R. 30405 2074  FILED  OF JUN 23 AM S: 1/4  BOCA ARTON R. 30405 2074  FILED  OF States  Coly 6 States  Coly 7 All Art 1, 2000 Feet and a state and a s	2000 l	UNIFORM BUSI	NESS REPO	RT	(UBF	<b>?</b> )	*	- 2		
Mailing Address   Mailing Ad		ENT # P990000	86987				511.5D		150.00	
**Maling Address   Melling Add	•	MAGE INC					FILEU		_,	
TOWN NAMEDOR BLVD. SUITE 219 BOCA RATION R. 2903-2074  Principal Place of Business  Suite, Apt. #, etc.  City & State  City & St	AL HAD HANGE HAD.						00 JUN 23 AM 8: 44			
TOWN NASSOR BLVD. SUITE 219 BOCA RATON FL 2003-5074  Suite, Apr. 8, etc.  City & State	 Nace of	Susiness	Mailing Address		·		anoputa MARS	TATE		
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  Sa.75 Additional  Five Phaspital  Five Phasp					219		ellara strelle	SRIBA		
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Zip Country Zip Country S. Corrillotate of Status Desked   \$8.75 Analogically Set Required   \$8.75 Analogical Set Required   \$	Suite, Apt. #, e	etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	PACE		
Street Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box	City & State	······································	City & State			2	5-0954738			
Size Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	ity	.5.	Certificate of Status Desired	\$8.75 A	dditional red	
Streat Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current R	legistered Agent			7.	Name and Address of New Registered A	gent		
City   FL   Zip Code  The above named critis substantian this statement to purpose of changing its registered office or registered agent, or both, in the State of Florida.    P	IETT AI	LEVANIDED OP	_							
The above named spilly submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.    P	6979 TC	OWN HARBOR BLVD, SUITE 219			Street Ad	ddress (P.O.	Box Number is Not Acceptable)			
The above named critiry submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.	BOCA R	IATON FL 33433			<u> </u>					
Signature, typed or priving name or requised applied and the of applicable.   OrDTE: Registered Appen algorature recurred when reinstation(s)					City		FL	Zip Co	ed <del>a</del>	
OFFICERS AND DIRECTORS    12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   Change   Addition	This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! After MAY 1, 2000				IS \$150.0 will be \$5	00 50.00	10. Election Campaign Financing			
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ENATURE: ALLEXANDER R. DE TT (P) 1-8-00	<b>SENATU</b>	RE:	Contraction of the contraction o		1002	<u> </u>	JE 11 (T/ O		<u>U</u>	