

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91163 012 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P89000097611

1. Entry Name  
 Scott B. Smith Photography, Inc. ✓

|   |   |
|---|---|
| Principal Place of Business<br>801 North Venetian Drive<br>Suite #304<br>Miami, Florida 33139 | Mailing Address<br>801 North Venetian Drive<br>Suite #304<br>Miami, Florida 33139 |
|---|---|

770990

|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address  | 4. FEI Number<br>85-0859743                               | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |
| City & State                   | City & State        | 6. Name and Address of Current Registered Agent           |  |
| Zip                            | Country             | 7. Name and Address of New Registered Agent               |  |

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.                      |  |
| Signature: <u>Scott B. Smith</u><br><small>Signature: Signature of Registered Agent (if Applicable) (NOTE: Registered Agents' signatures include a valid certificate)</small> |  |
| 9. This corporation is eligible to satisfy its financing tax filing requirement and elects to do so <input type="checkbox"/>  |  |
| 10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  |

**FILE NOW!! FEE IS \$100.00**  
**After MAY 1, 2001 Fee will be \$880.00**  
**Make Check Payable to Department of State**

| 11. OFFICERS AND DIRECTORS                              |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| TITLE<br><b>President</b>                               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Scott B. Smith</b>                           |                                 | NAME  |   |
| STREET ADDRESS<br><b>801 North Venetian Drive, #304</b> |                                 | STREET ADDRESS  |   |
| CITY, ST, ZIP<br><b>Miami, Florida 33139</b>            |                                 | CITY, ST, ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY, ST, ZIP   |                                 | CITY, ST, ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY, ST, ZIP   |                                 | CITY, ST, ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY, ST, ZIP   |                                 | CITY, ST, ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY, ST, ZIP   |                                 | CITY, ST, ZIP   |   |

13. I hereby certify that the information submitted with this filing does not qualify for the exemption under Section 119.07(3)(a), Florida Statutes. I further certify that the information is correct and complete to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver of the same, authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE: Scott B. Smith  
 Scott B. SMITH PRESIDENT

CR2E034 (11-01-98)