

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90517 001 ***317.50

DOCUMENT # P99000109467

1. Entity Name

KNIGHT IMAGES INTERACTIVE, INC.

Principal Place of Business

**130 SOUTH ORANGE AVENUE
 SUITE 150
 ORLANDO FL 32801**

Mailing Address

**130 SOUTH ORANGE AVENUE
 SUITE 150
 ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

**HOLLIFIELD, TRAVIS R
 500 N. MAITLAND AVENUE
 SUITE 304
 MAITLAND FL 32751**

Name **L. CHRISTIAN MARLIN, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
130 SOUTH ORANGE AVENUE, SUITE 150

City **ORLANDO** FL Zip Code **32801**

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 *L. Christian Marlin*

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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 **D** ☐ Delete
 NAME **HOBART, JAMES M**
 STREET ADDRESS **122 HAMPTON AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **GENERAL COUNSEL AND CHIEF
 OPERATIONS OFFICER/DIRECTOR ONLY** ☐ Change ☒ Addition
 NAME **L. CHRISTIAN MARLIN**
 STREET ADDRESS **4116 LE UNDERHILL RD. APT 206**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☐ Delete
 NAME **HINN, MICHAEL**
 STREET ADDRESS **648 RANDON TERRACE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WYDRA, KEVIN MICHAEL**
 STREET ADDRESS **1368 DEVON ROAD**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

L. Christian Marlin **L. Christian MARLIN**

01/09/01

407.206.1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)