Jul 11, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Signat

## **Secretary of State** DOCUMENT # S24036 07-11-2003 90050 023 \*\*\*150.00 1. Entity Name CONTINUOUS IMAGES, INC. Principal Place of Business Mailing Address 1761 W. HILLSBORO BLVD 1761 W. HILLSBORO BLVD #103 #103 DEERFIELD BCH FL 33064 DEERFIELD BCH FL 33064 U\$ 2. Principal Place of Busines 3. Mailing Address Hillsborn Blue 1761 W-HILLGRORD BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 103 Applied For City & State 4.\_FEI.Number -65-0238861**≈** SEERFIELD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORTNEY ANDREW M. Street Address 1761-WEST-HILLSBORO BLVD. SUITE 103-DEEREIELD BEACH FL 3344T 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 registeres d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE\_NOW!!!\_EEE\_IS \$550.00\_ 9. Election Campaign Financing \$5.00 May Be Áfter September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (4/03)TITLE TITLE residen Change Addition Delete FORTNEY, ANDREW M NAME NAME W. Hylsboro Blud. #103 1015-SPANISH RIVER ROAD APT# 304 STREET ADDRESS STREET ADDRESS BOCA RATON FL 93432 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI 6 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP . Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empower red to execute this report as re uired by Chapter 607, Florida Statutes; name appears in Block 10 or Block 11 if changed, or on an attachment with an address, y