FILED May 28, 2003 8:00 am & Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** V14332 DOCUMENT# 05-28-2003 90116 016 ***150.00 1. Entity Name \$ ELECTRIC IMAGE OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 3223 NW 10 TERRACE 3223 NW 10 TERRACE STE #400-608 STE #66 608) FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0314467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBER, RONALD J Street Address (P.O. Box Number is Not Acceptable) 6034 NW 56TH CIRCLE **CORAL SPRINGS FL 33067** City Zip Code 8. The above named entity submits this statement for the purpose of ghanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ta 11. Addition TITLE Delete TITLE Change WEBER, RONALD J NAME NAME 6034 NW 56TH CIRCLE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE 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 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST-7IP

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 advantaged by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED, AME OF SIGNING OFFICER OR DIRECTOR

Delete

Addition

CR2E034 (10/02)

Change

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment # 80121784

DOCUMENT #

1. Entity Name



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2. Principal Place	e of Business	3. Mailing Addres			
Suite, Apt. #, e	etc.	Suite, Apt. #, e	tc.	DO NOT WRITE IN 1	HIS SPACE
City & State		City & State		4. FEI Number	Applied For
				.	Not Applica
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Regis	tered Agent
	en de la companya de	and the state of t	Name		

DO NOT WRITE IN THIS SPACE

7. N	lame and Address of Current Registered Agent
Name	
Street Address (DO	Continue in Mark Annual India
Sileet Address (F.O.	Box Number is Not Acceptable)
Sileet Address (F.C.	Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and little if applicable.

January 1 - May 1 Fee Is \$150:00

After May 1, Fee is \$550.00 Amended UBR is \$61.25 (NOTE: Registered Agent signature required when reinstating)

DATE

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

Make Check Payable to Florida Department of State 10. 😘 OFFICERS AND DIRECTORS TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY=ST-ZIP CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)