2001 UNIFORM BUSINESS REPORT (UBR)

Aug 15, 2001 8:00 am Secretary of State DOCUMENT # **F97000000040** 08-15-2001 90004 036 ***550 00 ADVANCED MEDIA TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1520 S POWERLINE RD 1520 S POWERLINE RD STE F DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0709244 Not Applicable Country Zip 🕺 Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CHAIRHAN Addition TITLE Delete TITLE TOMOHITO ARAI WARASHINA, YOSHINORI NAME NAME 335 MADISON AVE 335 MADISON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10017** CITY-ST-ZIP NEW YORK MY 10017 PRES, CEO + TREASURER PCET Delete TITLE TITLE KEN MOSCA **GOTO, KENTARO** NAME NAME 1520 S. POWERLINE RD 6851 S HOLLY CIRCLE SUITE 170 STREET ADDRESS STREET ADDRESS DEER FIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112 DIRECTOR OF FINIANCE Change ☐ Delete TITLE TITLE LAPTOOK, ERIC J LUKE ALDERMAN 1520 5 POWERLINE RO NAME NAME STE.F 335 MADISON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NY NY 10017 3344E DEERFIELD BRACH SRVP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOSCA, KEN NAME NAME 1520 S POWERLINE RD SUITE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 SRVP Delete ☐ Addition TITLE Change TITLE abe, koji NAME NAME STREET ADDRESS 335 MADISON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with air address, with all other like empowered.

7/30/a

954.427.5711

Daytime Phone #

FILED