
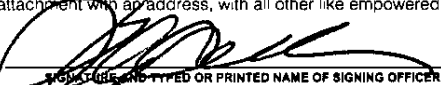


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000000040							
1. Entity Name ADVANCED MEDIA TECHNOLOGIES, INC.							
Principal Place of Business 720 S. POWERLINE RD, STE G DEERFIELD BEACH, FL 33442			Mailing Address 720 S. POWERLINE RD, STE G DEERFIELD BEACH, FL 33442				
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 65-0709244			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
U00000571842 07/25/06-80006-002 \$550.00							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SUNADA, BOB		NAME				
STREET ADDRESS	335 MADISON AVENUE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAPTOOK, ERIC J		NAME				
STREET ADDRESS	335 MADISON AVE		STREET ADDRESS				
CITY-ST-ZIP	NY, NY 10017		CITY-ST-ZIP				
TITLE	PCET	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MOSCA, KEN		NAME				
STREET ADDRESS	720 S. POWERLINE RD, STE G		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP				
TITLE	VPOF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALDERMAN, LUKE		NAME				
STREET ADDRESS	720 S. POWERLINE RD, STE G		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SATO, KOKI		NAME				
STREET ADDRESS	335 MADISON AVENUE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHIMIZO, RAY		NAME				
STREET ADDRESS	335 MADISON AVENUE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			7/10/06		954-427-5711		
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		