

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90105 002 \*\*\*150.00

0659674

**DOCUMENT # P94000081428**

1. Entity Name  
**ALL MEDIA GROUP, INC.**

Principal Place of Business      Mailing Address  
**4405 VINELAND RD C10**      **PO BOX 1726**  
**SUITE C-10**      **MINNEOLA FL 34755**  
**ORLANDO FL 32811-7363**  
**US**

2. Principal Place of Business      3. Mailing Address  
*210 E WASHINGTON*      Suite, Apt. #, etc.

City, State      City & State  
*MINNEOLA, FL*      City & State  
 Zip      Country      Zip      Country  
*34755*      Country

4. FEI Number **59-3277872**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DIANE TRAVIS**  
**10848 CR 561A**  
**CLERMONT FL 34711**

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.  
 SIGNATURE *Diane Travis*      DATE *4/12/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PT</b>	NAME	
STREET ADDRESS	<b>TRAVIS, DIANE LYNN</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>10848 COUNTY RD. 561A</b>	CITY-ST-ZIP	
	<b>CLERMONT FL</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VS</b>	NAME	
STREET ADDRESS	<b>DAVIS, MELISSA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>9275 LAKE SHARP COURT</b>	CITY-ST-ZIP	
	<b>ORLANDO FL</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Diane Travis*      Date *4/12/01*      Daytime Phone # *352 2436483*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)