

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90296 021 ***150.00

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DOCUMENT # P97000091976

1. Entity Name
ACTION MUSIC & GAMES, INC.



Principal Place of Business
**3464 FAIRVIEW DR.
SARASOTA FL 34239**

Mailing Address
**3464 FAIRVIEW DR.
SARASOTA FL 34239**

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 **65-0790968**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ILARDI, ANDREW F
3434 FAIRVIEW DR.
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name **ANDREW F. ILARDI**
Street Address (P.O. Box Number is Not Acceptable)
3464 FAIRVIEW DR.
City **SARASOTA** FL Zip Code **34239**

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 **Andrew F. ILARDI** **C. F. Judd** **4/21/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ILARDI, ANDREW F
STREET ADDRESS	3464 FAIRVIEW DR.
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	DT <input checked="" type="checkbox"/> Delete
NAME	ILARDI, MARY M
STREET ADDRESS	3464 FAIRVIEW DR
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: **ANDREW F. ILARDI** **C. F. Judd** **4/21/03** **941-955-6110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)