

FILED  
May 13, 1999 8:00 am  
Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harbo  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000017651

1. Corporate Name  
ADVANCED MULTIMEDIA GROUP, INC.

1635 WASHINGTON AVE MIAMI BEACH FLA  
Principal Place of Business      Mailing Address

1635 WASHINGTON AVE MIAMI BEACH  
2. Principal Place of Business      2a. Mailing Address

MIAMI BEACH      MIAMI BEACH  
City & State      City & State

33135      USA  
Zip      Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. PPS Number 65-0840562      Applied For  Not Applicable

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

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

7. This corporation owes the current year's Intangible Personal Property Tax.  Yes  No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAMAL HOTE (HINDIAN)  
1635 WASHINGTON AVE  
MIAMI BEACH FL      Zip Code

11. Pursuant to the provisions of Sections 607.0200 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0200, Florida Statutes.

SIGNATURE: [Signature]      DATE: 4-29-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>Director</u>	<input type="checkbox"/> DELETE	1.1 TITLE <u>Director</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>Nandini Shojwani</u>		1.2 NAME	
STREET ADDRESS <u>1635 WASHINGTON AVE</u>		1.3 STREET ADDRESS	
CITY-STATE-ZIP <u>MIAMI BEACH FL</u>		1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or equivalent annual 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 12 or Block 13. I consent, of my own accord, to an attachment with an address, with all other the undersigned.

SIGNATURE: [Signature]      DATE: 4/29/99      305-674-9161