

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90030 045 ***150.00

DOCUMENT # P98000017651

1. Entity Name
ADVANCED MULTIMEDIA GROUP, INC.

Principal Place of Business 1220 COLLINS AVE STE 220 MIAMI BEACH FL 33139 US	Mailing Address 1220 COLLINS AVE STE 220 MIAMI BEACH FL 33139 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0840562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOTEHAULTANI, RAMAL 1120 COLLINS AVE MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name HOTCHANDANI, KAMAL Street Address (P.O. Box Number is Not Acceptable) 1220 COLLINS AVE STE 220 City MIAMI BEACH FL Zip Code 33139
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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 _____ DATE _____
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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete HOTCHANDANI, KAMAL	TITLE D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOTCHANDANI, KAMAL
NAME	1655 WASHINGTON AVENUE	NAME	1220 COLLINS AVE
STREET ADDRESS	MIAMI BEACH FL 33139	STREET ADDRESS	MIAMI BEACH FL 33139
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete CEOD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/CEO/S
NAME	FARMER, ROBERT	NAME	ROBERT FARMER
STREET ADDRESS	1120 COLLINS AVE STE 220	STREET ADDRESS	1220 COLLINS AVE
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	<input checked="" type="checkbox"/> Delete PTD	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
NAME	HOTCHANDANI, KAMAL	NAME	JORGE P. MONTOKA
STREET ADDRESS	1120 COLLINS AVE STE 220	STREET ADDRESS	EDIFICIO P+G, CALLE ALTAGRECIA URB.
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	CARACAS, VENEZUELA 1080
TITLE	<input checked="" type="checkbox"/> Delete D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
NAME	GUARDIA, OSCAR	NAME	JAMES F. CLEARY
STREET ADDRESS	1120 COLLINS AVE STE 220	STREET ADDRESS	1220 COLLINS AVE.
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	<input checked="" type="checkbox"/> Delete S	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
NAME	VASWANI, BALRAM	NAME	ANDREW BANKS
STREET ADDRESS	1220 COLLINS AVE STE 220	STREET ADDRESS	1220 COLLINS AVE.
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
NAME		NAME	WILLIAM BURRINGTON
STREET ADDRESS		STREET ADDRESS	3455 ROYAL PALM AVE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI BEACH FL 33140

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: **KAMAL HOTCHANDANI** Date: **FEB 9, 2001** Daytime Phone #: **305 674 9861**

CR2E034 (10/00)