

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State
 06-30-2000 90003 002 ***550.00

DOCUMENT # 0091000052717
 Entity Name
ALL MEDIA CORPORATION

00066599

1. Principal Place of Business Mailing Address
 1929 WILSHIRE BLVD. #830 **SAME**
 LOS ANGELES, CA. 90010

2. Principal Place of Business 3. Mailing Address
 1929 WILSHIRE BLVD. **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 830
 City & State City & State
LOS ANGELES, CA **SAME**
 Zip Country Zip Country
90010 **LOS ANGELES** **SAME** **SAME**

4. FEI Number Applied For
65-0925184 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
ADORNO AND ZEDAR PA
2601 SOUTH BAYSHORE DRIVE, SUITE 1600
MIAMI, FL. 33133

7. Name and Address of New Registered Agent
 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 _____ 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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | |
|---------------------------------|--|
| <input type="checkbox"/> Delete | PRESIDENT XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX |
| <input type="checkbox"/> Delete | PRESIDENT GINA MAURA 4701 FULTON AVENUE #202 SHERMAN OAKS, CA. 91423 |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS 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: X Gina Maura GINA MAURA 6-16-00 323-930-2888
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRJEDD (111)