

2007 FOR PROFIT CORPORATION ANNUAL REPORT


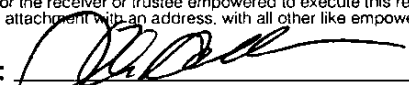
FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90111 048 ***150.00

40004300



01122007 Chg-P CR2E034 (12/06)

DOCUMENT # F97000000040					
1. Entity Name ADVANCED MEDIA TECHNOLOGIES, INC.					
Principal Place of Business 720 S. POWERLINE RD, STE G DEERFIELD BEACH, FL 33442			Mailing Address 720 S. POWERLINE RD, STE G DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0709244	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUNADA, BOB		NAME	NOZAWA, AKITO	
STREET ADDRESS	335 MADISON AVENUE		STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPTOOK, ERIC J		NAME		
STREET ADDRESS	335 MADISON AVE		STREET ADDRESS		
CITY-ST-ZIP	NY, NY 10017		CITY-ST-ZIP		
TITLE	PCET	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCA, KEN		NAME		
STREET ADDRESS	720 S. POWERLINE RD, STE G		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	VPOF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, LUKE		NAME		
STREET ADDRESS	720 S. POWERLINE RD, STE G		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATO, KOKI		NAME		
STREET ADDRESS	335 MADISON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIMIZO, RAY		NAME		
STREET ADDRESS	335 MADISON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			LUKE ALDERMAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/12/07 Daytime Phone # (954) 427-5711		