2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 11, 2000 8:00 am Secretary of State DOCUMENT # **F97000005809** 1. Entity Name SUN MULTIMEDIA ADVISORS, INC. 05-11-2000 90327 031 ***150.00 Mailing Address Principal Place of Business 5355 TOWN CENTER RD 5355 TOWN CENTER RD STE 802 STE 802 101041 BOCA RATON FL 33486 BOCA RATON FL 33486-1069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-2080785 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEDER, MARC J Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER RD STE 802 **STE 802 BOCA RATON FL 33486** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 íí. DPT Change ☐ Addition ☐ Delete TITLE HILE KROUSE, RODGER NAME 5355 TOWN CENTER RD STE 802 STREET ADDRESS ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP Addition ☐ Change DVS TITLE ☐ Delete LEDER, MARC STREET ADDRESS 5355 TOWN CENTER RD STE 802 annwy99 CITY-ST-ZIP ST-ZIP **BOCA RATON FL 33486** ☐ Change ☐ Addition Delete NAME non afrangg STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ANNULÇÇ CITY-ST-ZIP ST 7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-7IP ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 accordate 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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with an ac changed, or on an attact

#GNATURE:

V 4-31-00