

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90327 031 ***150.00

001041



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000005809

1. Entity Name
SUN MULTIMEDIA ADVISORS, INC.

Principal Place of Business

5355 TOWN CENTER RD
STE 802
BOCA RATON FL 33486

Mailing Address

5355 TOWN CENTER RD
STE 802
BOCA RATON FL 33486-1069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEDER, MARC J
5355 TOWN CENTER RD STE 802
STE 802
BOCA RATON FL 33486

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

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

11. OFFICERS AND DIRECTORS

12.

TITLE

DPT
KROUSE, RODGER

5355 TOWN CENTER RD STE 802
BOCA RATON FL 33486

ST-ZIP

Delete

TITLE

DVS
LEDER, MARC

5355 TOWN CENTER RD STE 802
BOCA RATON FL 33486

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CITY-ST-ZIP

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 607.1 of the Florida Statutes, and that my signature shall have the full force and effect of the signature of the corporation or the officer or director empowered to execute this report as required by Chapter 607, F.S., and that I am not an officer or director of the corporation, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR