

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G57128

1. Entity Name
FUTURE MEDIA PRODUCTS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90126 005 ***150.00

Principal Place of Business 4605 L B MCLEOD RD 700 ORLANDO FL 32811 US	Mailing Address 4605 L B MCLEOD RD 700 ORLANDO FL 32811-6462 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2321418	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
**ALLEN, KAREN F.
6145 MASTERS BLVD
ORLANDO FL 32819**

7. Name and Address of New Registered Agent
Name: **C. GARY ALLEN**
Street Address (P.O. Box Number is Not Acceptable):
8979 CHARLESTON PARK
City: **ORLANDO** FL Zip Code: **32819**

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: **C. GARY ALLEN** EXECUTIVE VICE PRESIDENT DATE: **2/02/00**
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. **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	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ALLEN, KAREN	
STREET ADDRESS 6145 MASTERS BLVD	
CITY-ST-ZIP ORLANDO FL	
TITLE STD	<input type="checkbox"/> Delete
NAME ALLEN, GARY	
STREET ADDRESS 6145 MASTERS BLVD	
CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHARON L. SIMMONS	
STREET ADDRESS 6204 DONEGAL	
CITY-ST-ZIP ORLANDO, FL 32819	
TITLE EXECUTIVE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME C. GARY ALLEN	
STREET ADDRESS 8979 CHARLESTON PARK	
CITY-ST-ZIP ORLANDO, FL 32819	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **C. GARY ALLEN** DATE: **1-13-00** DAYTIME PHONE #: **800 541-3299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)