

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # K65523**1. Entity Name
ATLANTIC MEMORY GROUP, INC.

Principal Place of Business	Mailing Address
38 POND STREET	38 POND STREET
#305	#305
FRANKLIN MA	FRANKLIN MA
02038 US	02038 US

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
65-0100292

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SHERMAN RUSSELL
240 NORTH WASHINGTON BLVD.
#312
SARASOTA FL
34236 US

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 _____ **03/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S	<input type="checkbox"/> Delete
NAME	MCCARTHY ELAINE A	
STREET ADDRESS	35 PEQUOT ROAD	
CITY-ST-ZIP	PAWTUCKET RI	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY ELAINE A	
STREET ADDRESS	35 PEQUOT ROAD	
CITY-ST-ZIP	PAWTUCKET RI 02861	

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BRENNAN, ARTHUR	
STREET ADDRESS	205 ROSEDALE HEIGHTS DR.	
CITY-ST-ZIP	ONTARIO, CANADA	

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN ARTHUR JMR.	
STREET ADDRESS	205 ROSEDALE HEIGHTS DR.	
CITY-ST-ZIP	TORONTO ON M4T1C7	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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: ELAINE A. MCCARTHY**S****03/14/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)