

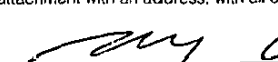


FILED
Apr 21, 2006 8:00 am
Secretary of State

40056400

DOCUMENT # L79142				04-21-2006 90099 039 ***158.75	
1. Entity Name AMC SALES PROMOTIONS COMPANY, INC.					
Principal Place of Business 6051 MEMORIAL HWY TAMPA, FL 33634 US		Mailing Address 9051 MEMORIAL HWY TAMPA, FL 33634 US			
2. Principal Place of Business 12633 RACETRACK RD		3. Mailing Address 12633 RACE TRACK RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006 Chg-P CR2E034 (11/05)	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-3023242	
Zip 33626		Country Hills		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUNNANE, ANNE MESSINA 6502 THOROUGHbred LOOP ODESSA, FL 33556				7. Name and Address of New Registered Agent	
CUNNANE, ANNE MESSINA 6502 THOROUGHbred LOOP ODESSA, FL 33556				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	D CUNNANE, ANNA MESSINA 6502 THOROUGHbred LOOP ODESSA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33556	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CUNNANE, WILLIAM 6502 THOROUGHbred LOOP ODESSA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33556	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			2/17/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		