

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001025

FILED
May 13, 2002 8:00 AM
Secretary of State

Entity Name: AOMNI ENTERTAINMENT INC.

Current Principal Place of Business:

999 SW 16TH AVE #74
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

999 SW 16TH AVE #74
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3703732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, IAN
999 SW 16TH AVE #74
GAINESVILLE, FL 32601

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: NA () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA NA

Title: NA () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA NA

Title: S/D () Change (X) Addition
Name: REYNOLDS, DOROTHY A S/D
Address: 999-74 S. W. 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: P/D () Change (X) Addition
Name: JOHNS, GARY P/D
Address: 999-74 S.W. 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VP/D () Change (X) Addition
Name: FLETCHER, IAN R VP/D
Address: 999-74 S.W. 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: T/D () Change (X) Addition
Name: HUMPHREY, JON T/D
Address: 999-74 S.W. 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VP/ IAN FLETCHER

MR

05/13/2002

Electronic Signature of Signing Officer or Director

Date