

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90023 023 \*\*\*\*61.25

<b>DOCUMENT # N06000012655</b>					
<b>1. Entity Name</b> ASSOCIATION OF AGENTS, MANAGERS AND REPRESENTATIVES OF THE ENTERTAINMENT INDUSTRY INC.					
<b>Principal Place of Business</b> 245 S.E. 1ST STREET SUITE 336 MIAMI, FL 33131			<b>Mailing Address</b> 245 S.E. 1ST STREET SUITE 336 MIAMI, FL 33131		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-8025090	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SPIRITI, JOSEPH A JR. 12121 NE 16TH AVE NORTH MIAMI, FL 33161			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D DONALDS, CHRISTINE <input type="checkbox"/> Delete 2131 HOLLYWOOD BLVD, STE 308 HOLLYWOOD, FL 33020		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cynthia Schirmer 3601 W. Hillandale Bch Blvd, 303, Pembroke Park, FL 33009	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, TAMMY <input type="checkbox"/> Delete 1620 DREXEL AVE MIAMI BEACH, FL 33139		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MCKINLEY, PEGGI <input type="checkbox"/> Delete 1688 MERIDIAN SUITE, #500 MIAMI BEACH, FL 33139		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER-FELL, ARTHUR J <input type="checkbox"/> Delete 245 S.E. FIRST STREET, #336 MIAMI, FL 33131		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PAIGE, KELLY <input type="checkbox"/> Delete 12807 WEST HILLSBOROUGH AVE TAMPA, FL 33635		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <i>Cynthia Schirmer</i>			8/21/07 954-241-7376		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		