

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 27, 1996 08:00 AM**  
**Secretary of State**



**DOCUMENT # N08870 (0)**

1. Corporation Name  
**ALLIANCE FOR MEDIA ARTS, INC.**

Principal Place of Business

Mailing Address

927 LINCOLN ROAD  
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

3. Date Incorporated or Qualified <b>04/22/1985</b>	3a. Date of Last Report <b>06/23/1995</b>
4. FEI Number <b>59-2631139</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PERWIN, JEAN S.**  
**25 SE 2ND AVE #623**  
**MIAMI FL 33131**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELT, VICTOR W.</b>	1.2 NAME	
STREET ADDRESS	<b>7730 NW 13TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, MARILYN GOTTLIEB</b>	2.2 NAME	
STREET ADDRESS	<b>800 LENOX, #5</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAUNCEY, DONALD</b>	3.2 NAME	
STREET ADDRESS	<b>6701 SW 67 CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>S. MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELLEY, JAMES SCOTT</b>	4.2 NAME	
STREET ADDRESS	<b>800 LENOX, #1</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORCUTT, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>1618 MICHIGAN AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOTSPEICH, BRAD</b>	6.2 NAME	
STREET ADDRESS	<b>800 LENOX AVE #3</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Orcutt* **WILLIAM ORCUTT** 3/27/96 305 534 7171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)