SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Oct 07 1998 8:00am CORPORATION Sandre B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # NO8870 (O) ALLIANCE FOR MEDIA ARTS, INC. Principal Place of Business Malling Address 827 LINCOLN ROAD # 119 927 LINCOLN ROAD #119 3. Date incorporated or Qualified MIAMI BEACH FL \$3139 MIAMI BEACH FL 33139 04/22/1985 FEI Number Applied For 59-2631139 Not Applicable 2. Principal Place of Business Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners assort City & State City & State _association? 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intengible 24 30 25 Personal Property Tax due June 30. ... Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name <u> SUTCHER-</u> ZBORNIK TOMUNE BUTCHER - 2BORNIK PERWIN, JEAN-S. 82 Street Address (P.O. Box Number is Not Acco 457 NE 248 St #4 25 SE 2ND AVE #623 63 MIAMÍ FL 33181 Miani, I 33137 84 City Mianu 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 Statutes, the above named 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. Registered Adent signature required when reinstating) SIGNATURE Signature, typed or printed ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 (5/98) 1.1 TITLE DIC Chair TITLE DELETE NAME VELT, VICTOR W. 1.2 NAME CR2E037 274th Street 7780 NW 13TH STREET 686 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 351 38 LAMAL TITLE 2.1 TITLE DELETE change ROBERTS, MARILYN GOTTLIEB 2.2 NAME NAME sus ask st 2.3 STREET ADDRESS 800 LENOX, #5 STREET ADORES MIAMI BEACH FL 2.4 CITY-ST-ZIP FL 33176 CITY-ST-ZIP MIAMI 3.1 TITLE D TITLE Addition DELETE Change Mascort CHAUNCEY, DONALD 3.2 NAME NAME 33-D Venetian Way #71 STREET ADDRES 6701 SW 67 CT. 3.3 STREET ADDRESS S. MIAMI FL CITY-ST-ZIP 3.4 CITY-ST-ZIP Beach TITLE 4.1 TITLE D Change Addition DELETE SPOLVIK NAME SHELLEY, JAMES SCOTT 4.2 NAME STREET ADDRESS 800 LENOX. #1 4.3 STREET ADDRESS **MIAMI BEACH FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition MARY L**ó**tspeich. Brad 5.2 NAME 842 STREET ADDRESS 800 LENOX AVE #3 5.3 STREET ADDRESS 33136 **MIAMI BEACH FL** 5.4 CITY-ST-ZIP MIAMI CITY-ST-ZIP MEMBER 6.1 TITLE TITLE Change Addition DELETE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS Worth Miani CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual peop is true and accusate 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 of mustee epipowers 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: