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**Mar 05, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N08870**

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

Principal Place of Business  
 927 LINCOLN ROAD  
 #119  
 MIAMI BEACH FL 33139  
 US

Mailing Address  
 927 LINCOLN ROAD  
 #119  
 MIAMI BEACH FL 33139  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/22/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2631139</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUTCHER-ZBORNIK, JOANNE 457 NE 24TH ST #4 MIAMI FL 33137				81	Name <b>JOANNE BUTCHER</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>600 NE 36th St, #1104</b>		
				83			
				84	City <b>MIAMI</b>	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFO, JERRY	1.2 NAME	
STREET ADDRESS	686 NE 74TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELFAND, DAN	2.2 NAME	<b>Jay Stephens</b>
STREET ADDRESS	10100 NW 25TH ST	2.3 STREET ADDRESS	<b>Secretary</b>
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	<b>1670 Lincoln Ct, #7E</b>
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASCORT, EULALIA	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	33-D VENETIAN WAY #71	3.3 STREET ADDRESS	<b>Randall Hilliard</b>
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	<b>1600 NE 36th St #1104</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER-ZBORNIK, JOANNE	4.2 NAME	
STREET ADDRESS	457 NE 24TH ST #4	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUFT, MARY	5.2 NAME	
STREET ADDRESS	842 NW 9TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUPP, SALLY	6.2 NAME	
STREET ADDRESS	11855 NE 19TH DRIVE #23	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORHT MIAMI FL 33140	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)(i), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3/5/98** BY: **(305) 534-7171**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)