

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08870

1. Entity Name

ALLIANCE FOR MEDIA ARTS, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90180 018 \*\*\*\*61.25

Principal Place of Business 927 LINCOLN ROAD #119 MIAMI BEACH FL 33139 US	Mailing Address 927 LINCOLN ROAD #119 MIAMI BEACH FL 33139-2608 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>59-2631139</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTCHER, JOANNE <del>600 NE 36TH ST STE 1104</del> MIAMI FL 33137	Name		
	Street Address (P.O. Box Number is Not Acceptable)	3301 NE 5TH AVENUE #106	
	City	FL	Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>DT</b>	DC <input type="checkbox"/> Delete NAME GRIFO, JERRY STREET ADDRESS 686 NE 74TH STREET CITY-ST-ZIP MIAMI FL 33138	TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> Delete NAME STEPHENS, JAY STREET ADDRESS 1670 LINCOLN CT #7E CITY-ST-ZIP MIAMI FL 33139	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DC</b>	DT <input type="checkbox"/> Delete NAME HILLIARD, RANDALL STREET ADDRESS <del>600 NE 36TH ST #1104</del> #304 CITY-ST-ZIP MIAMI BEACH FL 33137	TITLE <b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME BUTCHER-ZBORNIK, JOANNE STREET ADDRESS 457 NE 24TH ST #4 CITY-ST-ZIP MIAMI FL 33157	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input checked="" type="checkbox"/> Delete NAME LUFT, MARY STREET ADDRESS 842 NW 9TH CT CITY-ST-ZIP MIAMI FL 33136	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> Delete NAME CUPP, SALLY STREET ADDRESS 11855 NE 19TH DRIVE #23 CITY-ST-ZIP NORHT MIAMI FL 33140	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000 305-469-9069

Date

Daytime Phone #

CR2E037 (9/99)