

.2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N08870**

1. Entity Name

ALLIANCE FOR MEDIA ARTS, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90155 049 ****70.00

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

210 2nd Avenue Street

3. Mailing Address

210 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

59-2631139

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BUTCHER, JOANNE
3301 NE 5TH AVE #106
MIAMI FL 33137**

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

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

(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	DT	<input checked="" type="checkbox"/> Delete
NAME	GRIFO, JERRY	
STREET ADDRESS	686 NE 74TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jamin O'Brien	
STREET ADDRESS	2225 SW 27th Ln	
CITY-ST-ZIP	Cocoanut Grove, FL 33133	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HILLIARD, RANDALL	
STREET ADDRESS	1600 NE 36TH ST #1104	
CITY-ST-ZIP	MIAMI BEACH FL 33137	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry H. Bell	
STREET ADDRESS	1 NW 108 Street	
CITY-ST-ZIP	Miami Shores, FL 33167	

TITLE	D	<input type="checkbox"/> Delete
NAME	BUTCHER-ZBORNIK, JOANNE	
STREET ADDRESS	457 NE 24TH ST #4	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CUPP, SALLY	
STREET ADDRESS	11855 NE 19TH DRIVE #23	
CITY-ST-ZIP	NORHT MIAMI FL 33140	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Torben Riise	
STREET ADDRESS	13500 SW 108 St. Cir. S	
CITY-ST-ZIP	Miami, FL 33186	

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 REQUIRED

Date

Daytime Phone #

4/24/01 305/752-9595

CR2E037 (10/00)