

.2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

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

DOCUMENT # N08870

1. Entity 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

3. Mailing Address

210 2nd Avenue Street

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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 _____

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	S	<input type="checkbox"/> Delete
NAME	STEPHENS, JAY	
STREET ADDRESS	1670 LINCOLN CT #7E	
CITY-ST-ZIP	MIAMI FL 33139	
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	D	<input type="checkbox"/> Delete
NAME	BUTCHER-ZBORNIK, JOANNE	
STREET ADDRESS	457 NE 24TH ST #4	
CITY-ST-ZIP	MIAMI FL 33157	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Coconut Grove, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 305/752-9595

Date Daytime Phone #

CR2E037 (10/00)