

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90233 022 ***150.00

10104079

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DOCUMENT # P000000 9/625
1. Entity Name
AMERICAN BMG INCORPORATED ✓

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2. Principal Place of Business 8112 NW 73 AVE Suite, Apt. #, etc.	3. Mailing Address 8112 NW 73 AVE Suite, Apt. #, etc.
City & State TAMARAC, FL	City & State TAMARAC, FL
Zip 33321 Country	Zip 33321 Country

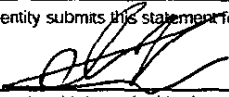
4. FEI Number 65-1044132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name MADAR GAD
Street Address (P.O. Box Number is Not Acceptable) 8112 NW 73 AVE
City TAMARAC
FL
Zip Code 33321

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  **DATE** _____

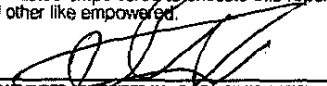
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	NAME MADAR, GAD	TITLE	NAME
STREET ADDRESS 8112 NW 73 AVE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TAMARAC, FL 33321	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VP	NAME MADAR, IRIT	TITLE	NAME
STREET ADDRESS 8112 NW 73 AVE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TAMARAC, FL 33321	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____