FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004508

1. Entity Name
Advanced Multimedia Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2002 AMENDED

06/30/02-90228 047 #61.25

2. Principal Place of Business	3. Mailing Address
5158 Foxhall Rd.	5158 Foxhall Rd.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State North Port, FL	City & State N. Port, FL
Zip 34288 Country USA	Zip 34288 Country USA

4. FEI Number 59-3691305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Anthony M. Tundo

Street Address (P.O. Box Number is Not Acceptable) 5158 Foxhall Rd.

City North Port FL Zip Code 34288

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: Anthony M. Tundo P/T/S/V DATE 6-14-02

Signature, typed or printed name of officer and 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) ☐

Fee: 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. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/T/S/V
NAME	Anthony Tundo
STREET ADDRESS	5158 Foxhall Rd.
CITY-ST-ZIP	North Port, FL 34288
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Anthony M. Tundo P/T/S/V 6/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

941-426-4533
Daytime Phone #