## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 25, 2002 8:00 am P01000008444 **DOCUMENT # Secretary of State** 1. Entity Name AM ENTERTAINMENT, INC. 03-25-2002 90144 010 \*\*\*150.00 Principal Place of Business Mailing Address 3446 SW 8TH STREET 3446 SW 8TH STREET SUITE 205 SUITE 205 **MIAMI FL 33135** MIAMI-FL 33135 2. Principal Place of Business 3. Mailing Address HU7 LINCOLN 407 LINCOLN Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number MIAMI BEACH, FL BEACH, FL 65-1072538 Not Applicable \$8.75 Additional 33139 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILFAEDO MICANDA REMON, MIGUEL I Street Address (P.O. Box Number is Not Acceptable) 51 N. BOUNT1 LAWE 3446 SW 8TH STREET **SUITE 205 MIAMI FL 33135** Zip Code 33037 KEY L4260 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. WILFREDO FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Change TITLE **⊠** Delete ADOLFO ANGEL REMON, MIGQUEL I NAME CIO AM ENTERTAINMENT 407 LINCOLN RD. #8-1) 3446 SW 8TH STREET SUITE 205 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33139 **MIAMI FL 33135** CITY-ST-7tP CITY-ST-ZIP VICE PAESIDENT **M** Addition ☐ Change TINE □ Delete TITLE WILFAEDO MIAANDA NAME NAME 51 N. BOUNTY LANE STREET ADDRESS STREET ADDRESS KEY L4460, FL 33037 CITY-ST-ZIP CITY-ST-ZIP SECRETARY Delete. - Change ▼ Addition TITLE ALBEAT MINATOA NAME 2338 N. GENEVA STREET ADDRESS STREET ADDRESS CHIC460, IL 60614 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered. FE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 Block 12 if