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FILED
May 28, 2002 8:00 am
Secretary of State

05-01-2002 91529 019 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066794

1. Entity Name

DYNAMO MULTIMEDIA, INC.

Principal Place of Business	Mailing Address
7930 E DRIVE APT 207	7930 E DRIVE APT 207
NORTH BAY VILLAGE FL 33141	NORTH BAY VILLAGE FL 33141

65-118432

2. Principal Place of Business	3. Mailing Address
1900 S TREASURE DR	1900 S TREASURE DRIVE
Suite, Apt. #, etc.: 6U	Suite, Apt. #, etc.: 6U
City & State: NORTH BAY VILLAGE	City & State: NORTH BAY VILLAGE FL
Zip: FL 33141 Country: USA	Zip: 33141 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-118432 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUTH REAL
3900 NW 79th AVENUE
SUITE 326
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: DARIO KAJT
Street Address (P.O. Box Number is Not Acceptable): 1900 S TREASURE DRIVE 6U
City: NORTH BAY VILLAGE FL Zip Code: 33141

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 X [signature] 4/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	DARIO KAJT	NAME	DARIO KAJT
STREET ADDRESS	7930 E DRIVE APT 207	STREET ADDRESS	1900 S TREASURE DRIVE 6U
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X [signature] 4/17/02