FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90096 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066794

1. Entity Name
DYNAMO MULTIMEDIA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1500 S TREASURE DR	1500 S TREASURE DR
Suite, Apt. #, etc.: 6U	Suite, Apt. #, etc.: 6U
City & State: N BAY VILLAGE FL	City & State: N BAY VILLAGE FL
Zip: 33141 Country: USA	Zip: 33141 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1118432 ☐ 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: DARIO KAJT

Street Address (P.O. Box Number is Not Acceptable): 1500 S TREASURE DR AP 6U

City: N 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DARIO KAJT 1500 S TREASURE DR AP6U N BAY VILLAGE FL 33141	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)