

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	

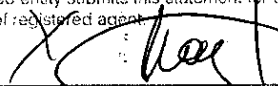
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1900 S TREASURE DR		3. Mailing Address 1900 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

DO NOT WRITE IN THIS SPACE	4. FEI Number 05-1118432		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name DARIO KATT		
Street Address (P.O. Box Number is Not Acceptable) 1900 S TREASURE DR			
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.

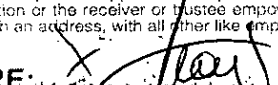
SIGNATURE  DATE **3/17/03**

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARIO KATT 1900 S TREASURE DR AP 6U 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)(b), 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:  DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)