

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90112 014 ***150.00

DOCUMENT # P01000068280

1. Entity Name
ADVANCED MEDIA, INC.



Principal Place of Business
547 CAMPUS STREET
CELEBRATION FL 34747

Mailing Address
1970 E. OSCEOLA PARKWAY #330
KISSIMMEE FL 34743



2. Principal Place of Business

1001 Celebration Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Celebration, FL

City & State

Zip
34747

Country
USA

Zip

Country

4. FEI Number
91-2142903

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

WERDMULLER, WALTER E
547 CAMPUS STREET
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name **Walter E. Werdmuller**
Street Address (P.O. Box Number is Not Acceptable) **1001 Celebration Ave., #212**
City **Celebration** **FL** **Zip Code** **34747**

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 **Walter E. Werdmuller** **01/20/03**
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** **President** **DATE**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ **Delete**
NAME **WALTER, WERDMULLER**
STREET ADDRESS **547 CAMPUS STREET**
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **VT** ☐ **Delete**
NAME **JILL, WERDMULLER**
STREET ADDRESS **547 CAMPUS STREET**
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1001 Celebration Ave., #212**
CITY-ST-ZIP **Celebration, FL 34747**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1001 Celebration Ave., #212**
CITY-ST-ZIP **Celebration, FL 34747**

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jill Werdmuller** **01/20/03** **(321) 939-0457**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)