

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000078530

1. Entity Name
ALLEGRO MULTIMEDIA, INC.



Principal Place of Business
**11510 VALENCIA DRIVE
SUITE B
SEFFNER, FL 33584**

Mailing Address
**11510 VALENCIA DRIVE
SUITE B
SEFFNER, FL 33584**

FILED

05 JUN 29 PM 12:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06232005

Chg-P

CR2E034 (10/03)

4. FEI Number
03-0388120

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALTER, HAL C
11501B VALENICA DR.
SEFFNER, FL 33584**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SALTER, HAL C
11510 VALENCIA DRIVE #B
SEFFNER, FL 33584** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MANGUM, BOB
P.O. BOX 32411
PHOENIX, AZ 85064** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
HARRY P. LAY
7633 E. 43rd Place, Suite 300
Tulsa, OK 74133** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ZALDASTANI, NICHOLAS
2699 FILBERT ST
SAN FRANCISCO, CA 94123** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**990057368319
07/12/05--01075--023 **61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVS
SALTER, HAL C
11501B VALENCIA DR.
SEFFNER, FL 33584** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SALTER, HAL C
11510B VALENCIA DR.
SEFFNER, FL 33584** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
\$775 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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, name or other like empowered.

SIGNATURE:

HAL C Salter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #