


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 25 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <u>P02000044720</u>	
1. Entity Name <u>REVOLUTION MULTIMEDIA GROUP, INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4729 COUNTRY OAKS BLVD</u>	3. Mailing Address <u>SAME</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>SARASOTA, FL</u>	City & State	4. FEI Number <u>01-0676383</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34243</u>	Country <u>USA</u>	Zip <u>34243</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>SPIEGEL & UTRERA, P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1840 CORAL WAY 4TH FLOOR</u>	
City <u>Miami</u>	FL Zip Code <u>33145</u>

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 _____ (NOTE: Registered Agent signature required when renouncing) _____ **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$84.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <u>P.O.</u>	TITLE <u>500018461228</u>
NAME <u>DAVID R. KRAFT, JR.</u>	NAME <u>05/07/03--01089--024 **150.00</u>
STREET ADDRESS <u>4729 COUNTRY OAKS BLVD.</u>	
CITY - ST - ZIP <u>SARASOTA, FL, 34243</u>	
TITLE <u>V.O.</u>	
NAME <u>JEREMY FRANKLYN DEMERS</u>	
STREET ADDRESS <u>4729 COUNTRY OAKS BLVD.</u>	
CITY - ST - ZIP <u>SARASOTA, FL, 34243</u>	
TITLE <u>P.O.</u>	
NAME <u>PATRICIA MICHELLE KRAFT</u>	
STREET ADDRESS <u>4729 COUNTRY OAKS BLVD</u>	
CITY - ST - ZIP <u>SARASOTA, FL, 34243</u>	
TITLE <u>S.</u>	
NAME <u>KIMBERLY JOY DEMERS</u>	
STREET ADDRESS <u>4729 COUNTRY OAKS BLVD</u>	
CITY - ST - ZIP <u>SARASOTA, FL 34243</u>	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>[Signature]</u>	DAVID R. KRAFT, JR	4/22/03	941 224 7201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)