

PO4000075197

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

RARC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADVANCED MEDIA Concepts INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P04000075197

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN M. Roche  
(Name of contact person)

ADVANCED MEDIA Concepts INC.  
(Firm/Company)

4142 MAUNIER BLVD #211  
(Address)

Spring Hill FL 34609  
(City/state and zip code)

For further information concerning this matter, please call:

Kevin Roche at (727) 475-1100  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 21, 2005

KEVIN M ROCHE  
4142 MARINER BLVD #211  
SPRING HILL, FL 34609

SUBJECT: ADVANCED MEDIA CONCEPTS INC.  
Ref. Number: P04000075197

We have received your document for ADVANCED MEDIA CONCEPTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 405A00057843

RECEIVED  
05 SEP 28 AM 8:00  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ADVANCED MEDIA CONCEPTS INC.  
2. The principal office address: 4142 MARINE Blvd #211  
Spring Hill FL 34609  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/10/04 Document number: P04000075197

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Roche, Kevin M.  
4169 LANSLOW AVE Suite 102  
Spring Hill FL 34608

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TALLAHASSEE FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

INNOVATIVE MEDIA Solutions Inc.  
~~P.O. Box 6335~~ 2398 Commercial Way #101  
(P.O. Box NOT acceptable)  
~~Spring Hill FL 34608~~ Spring Hill FL 34606

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

Kevin Roche President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] I.M.S.  
(Signature of Registered Agent)

9/6/05  
(Date)

If signing on behalf of an entity:

INNOVATIVE MEDIA SOLUTIONS  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314