2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146290

Entity Name: AMC ADULT SERVICES, INC.

FILED Mar 15, 2008 Secretary of State

4471 BRANDYWINE DRIVE 6421 N.W. 42ND COURT BOCA RATON, FL 33487 CORAL SPRINGS, FL 33067

Current Mailing Address: New Mailing Address:

6421 N.W. 42ND COURT 4471 BRANDYWINE DRIVE BOCA RATON, FL 33487 CORAL SPRINGS, FL 33067

FEI Number: 20-3764501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

PERLMAN, JASON PERLMAN, YEVOLI & ALBRIGHT P.L. 200 SOUTH ANDREWS AVENUE 1500 N. FEDERAL HIGHWAY SUITE 250 SUITE 600 FT LAUDERDALE, FL 33304 US FT LAUDERDALE, FL 33301 US

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.

SIGNATURE: JASON PERLMAN 03/15/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

DALEO, JOSEPH JR. Name: Name: 6421 N.W. 42ND COURT Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip:

Title: VΡ Title: () Change () Addition () Delete

Name: GANK, NATALIE L Name: 6421 N.W. 42ND COURT Address: Address: CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: SEC

LOIACONO, JOSEPH P Name: LOIACONO, JOSEPH P Name: 4471 BRANDYWINE DRIVE 4471 BRANDYWINE DRIVE Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LOIACONO MR. 03/15/2008