2002 UNIF	ORM BU	SINESS	<b>REPORT</b>	(UBR
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2002	2 UNIFURM BUSI	ME22 REPO	)KI (UBK)		APPHOVEU			
DOCUMENT # P37565  1. Entity Name ARCHITECTURAL MEDIA LTD. INC.					AND			
					02 SEP -4 PM 4: 11			
4500 HIGH G	4500 HIGH GROVE RD. 4500 TALLAHASSE FL 32308 TALL				SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite		3. Mailing Address						
		Suite, Apt. #, etc.  City & State		4				
				4	4 FEI Number 86-0308949 Applied For Not Applied			
Zìp	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	legistered Agent		7. 1	Name and Address of New Registered	i Agent		
WHITE E	DWARD T.		Name		الماضية ليحمد سياليا بالماسي	<del></del>		
4500 HIG	ah grove RD.		Street Addre	ss (P.O. E	Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
TALLAHA	SSEE FL 32308							
	·		City		· F	Zip Cod	<u></u>	
the obligat SIGNATURE.  9. This corpo	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent ar praction is eligible to satisfy its Intangible requirement and elects to do so.	nd title if applicable. (NO		uired when re	ent, or both, in the State of Florida. I an sinstating)		and accept	
(See Criter		Make Check Paya	ble to Department of	State	Trust Fund Contribution.		d to Fees	
11,	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFICERS AN			
TITLE Name Street Address City-St-Zip	WHITE, EDWARD T. 4500 HIGH GROVE RD. TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		100007731 -09/13/020	☐ Change <b>751</b> ,~ 010330	☐ Addition 	
TITLE NAME Street address City-St-Zip	s White, Edward T. 4500 High Grove Rd. Tallahassee Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		****150.00	** Triange	Addition	
TITLE Name Street Address City-St-Zip	T White, Edward T. -4500·High-Grove-Rd. Tallahassee Fl	☐ Delete .	TITLE NAME STREET ADDRESS • • • CITY-ST-ZIP	1 -	·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby c indicated of the corr changed,	ertify that the information supplied with the on this report or supplemental report is coration or the receiver or trustee entry or on an attachment with an addition, wi	his filing does not chalify for the and accurate and that i vered to execute this report th all other like empowered	or the exemption stated in my signature shall have the as required by Chapter II.	Section 1 ne same l 607, Florid	119.07(3)(i), Florida Statutes. I further of legal effect as if made under oath; that I da Statutes; and that my name appears	ertify that the in am an officer in Block 11 or	nformation or director Block 12 if	

SIGNATURE: 🗹

8/2P/02 350 668000/

Attachment #P375e5

August 26, 2002

Topy Clare

JOANS J. J. Lie

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam:

I am-writing in response to a notice that my corporation will be dissolved if my annual report is not filed by September 13, 2002. I do not have record that I ever received a first notice. My wife and I were out of the country for several months during the first part of the year and there is a possibility the form was mailed but somehow lost during this period.

I am asking you to waive the penalty of \$400 for the late filing. I am enclosing a check for \$150 and will do everything I can in the future to ensure this does not happen again.

Thank you for your consideration with this matter.

Sincerely,

Edward T. White, President Architectural Media Ltd. Inc.