

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053346

BROADWAY MULTIMEDIA, INC.

FILED

01 APR 23 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Place of Business		Mailing Address	
351 ALTARA AVE. SUITE B CORAL GABLES FL 33146		351 ALTARA AVE. SUITE B CORAL GABLES FL 33146-1423	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THESE SPACES

4. FEE Number	65-0435163	Applied Fee	
5. Certificate of Status Fee		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HEGE, O. KENDALL 351 ALTARA AVE. SUITE B CORAL GABLES FL 33146		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

9. This corporation is capable to satisfy its obligations (See instructions on back)	<p><b>FILE NOW!!! FEE IS \$150.00</b>                  After MAY 1, 2000 Fee will be \$550.00                  Make Check Payable to Department of State</p>	10. Election Campaign Contribution (See Instructions)	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)	
TITLE: D <input type="checkbox"/> Delete NAME: HEGE, O. KENDALL STREET ADDRESS: 351 ALTARA AVE., SUITE B CITY-STATE-ZIP: CORAL GABLES FL 33146		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: MATTHEW A. HEGE VICE PRESIDENT STREET ADDRESS: 351 ALTARA AVE. CITY-STATE-ZIP: CORAL GABLES, FL 33146	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 3000004195099--0 STREET ADDRESS: -05/11/01--01019--029 CITY-STATE-ZIP: *****150.00 *****150.00	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: LS	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 143.07(3)(g), 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 of this report or trustee, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *[Signature]* President 4/19/2001 305 441-1231