


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000049670 1. Entity Name ADVANCED DIGITAL MEDIA PRODUCTIONS, INC.		
Principal Place of Business 3473 PARKWAY CENTER CT. ORLANDO, FL 32808	Mailing Address 3473 PARKWAY CENTER CT. ORLANDO, FL 32808	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KROUT, EDWARD M 20 WEST PRINCETON ST SUITE B ORLANDO, FL 32804		<div style="font-size: 48px; font-weight: bold; transform: rotate(-5deg); display: inline-block;">PAID</div> <div style="font-size: 24px; font-weight: bold;">#4294</div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	KROUT, EDWARD M	
STREET ADDRESS	20 WEST PRINCETON	
CITY - ST - ZIP	ORLANDO, FL 32804	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: <u>Edward M. KROUT</u> EDWARD KROUT <u>4/11/06</u> 407-295-7270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3391437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000509196
04/28/06-80034-016 150.00