2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90496 016 ***150.00

DOCUMENT # P96000065812

1. Entity Name

AMC VENTURES, INC.

Principal Place of Business	Mailing Address
1404 E. BROWARD BLVD. FORT LAUDERDALE FL 33301-2136	1404 E. BROWARD BLVD. FORT LAUDERDALE FL 33301-2138

C0069344

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
91 Isle of Venice	P.O. Box 30578
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33301 Country: Broward	Zip: 33303 Country: Broward

4. FEI Number 65-0687832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRIMME', MICHAEL J 1404 E. BROWARD BLVD. FORT LAUDERDALE FL 33301-2136	Name Street Address (P.O. Box Number is Not Acceptable) 91 Isle of Venice City FL Zip Code 33301

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.

SIGNATURE [signature] DATE 5/1/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GRIMME', MICHAEL J ~~1404 E. BROWARD BLVD.~~ FORT LAUDERDALE FL 33301-2136	☐ Delete	TITLE NAME STREET ADDRESS 91 Isle of Venice CITY-ST-ZIP 33301	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIMME, PAMELA D ~~1404 E. BROWARD BLVD.~~ FT. LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS 91 Isle of Venice CITY-ST-ZIP 33301	☑ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MICHAEL J. GRIMME' 5/01/01 954-522-8886