FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90039 017 ***150.00

DOCUMENT # P97000012078

1. Entity Name
Advanced Media Group, Inc.

DO NOT WRITE IN THIS SPACE

94022122

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2. Principal Place of Business		3. Mailing Address	
2300 Tall Pines Dr		2300 Tall Pines Dr.	
Suite, Apt. #, etc. 125		Suite, Apt. #, etc. 125	
City & State Largo, FL		City & State Largo, FL	
Zip 33771	Country Pinellas	Zip 33771	Country Pinellas

4. FEI Number 59-3433251 — ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Bove, Kent S

Street Address (P.O. Box Number is Not Acceptable): 9455 Scott Drive

City: Seminole **FL** Zip Code: 33777

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Bove, Kent S
STREET ADDRESS	9455 Scott Drive
CITY-ST-ZIP	Largo, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature: Kent Bove] — 2-20-04 — 727-320-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #