May 05, 1999 8:00 am Secretary of State

05-05-1999 90235 049 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000015306

1. Corporation Name

AUDIO MEDIA TECHNOLOGY INC.

								<b>edi: K</b> iron (roj) P	OPINA ANIA NASA
Principal Place of Business Mailing Address							.,		
9161 NW 145 LN 9161 NW 145 LN MIAMI LAKES FL 33018 MIAMI LAKES FL 33018									
						DO NOT WRIT	E IN THIS S	PACE	
•						3. Date Incorporated or Qualifed 02/13/1997			
Principal Place of Business     Za. Mailing Address						4. FEI Number		<u> </u>	plied For
21 26						65-0725916			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State City & State						6. Election Campaign Financing	П	\$5.00	, ,
23 28						Trust Fund Contribution		Added to	o Fees
Zip				buntry  8. This corporation owes the current year Intangible  Personal Property Tay  1 Yes No					
24	25	29	30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent		B1	Name	10. Name and Address of New R	egistered A	gent	
DED	ALTA, ONIAS		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	Marrie				
9161 NW 145 LN				82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI LAKES FL 33018			-	83					
			-	84	City			85 Zip C	Code
					•	FL			
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	uthorizea	DV I	ne corporation	ration submits this statement for the o's board of directors. I hereby accep	ourpose of a the appoin	hanging its Iment as reg	registered gistered
SIGNATURE		41075	B 144-14		signature required to	uhan asias lating)	DATE		
organismo, types of printed trains of regions at a great and a second			13.	gent	signature required t	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	D DELETE		_	1,1 TITLE		ADDITIONO/OFFICE TO STA		☐ Change	Addition
NAME			1.2 NAM	1.2 NAME					
STREET ADDRESS	0.404 BRAT 4.47 1.81		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP				1.4 CITY- ST- ZIP					Į
TITLE	D	☐ DELETE	2.1 1111					☐ Change	☐ Addition
NAME			2.2 NAM	1.2 NAME					
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CIT	2.4 CITY-ST-ZIP					
TITLE			3.1 TITL	.E				☐ Change	☐ Addition
NAME			3.2 NAM	Æ					
STREET ADDRESS			3.3 STF	EET	ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	the state of the s		4.1 TITL	_				☐ Change	Addition
NAME			4. 2 NA						
STREET ADDRESS			1		ADDRESS				{
CITY-ST-ZIP				1.4 CITY-ST-ZIP				☐ Change	Addition
TITLE	-	☐ DELETE	5.1 TITU 5.2 NAM						i variation
NAME			1		ADDDESS				`
STREET ADDRESS				5.3 STREET ADDRESS 5.4 CITY- ST-ZIP					]
CITY OT 7ID	ł		5.4 CII	1-51	-21				i .

CITY-ST-ZiP d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reintal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the informatic indicated on this annual report of officer or director of the corporate Block 12 or Block 13 if changed

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition