2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P98000011003** May 04, 2000 8:00 am Secretary of State SPECTRUM MULTIMEDIA GROUP, INC. 05-04-2000 90189 013 ***158.75 Mailing Address Principal Place of Business 4168 CEDAR CREEK ROAD 4168 CEDAR CREEK ROAD BOCA RATON FL 33487-2255 **BOCA RATON FL 33487-2255** 2. Principal Place of Business 3. Mailing Address AZINLOCS A DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0812219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee.Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLEIN, JEFFREY G Street Address (P.O. Box Nurr per is Not Acceptable) 23123 STATE ROAD SEVEN STE. 350-B **BOCA RATON FL** Zip Cod 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE NAME CARTA, RICHARD R JR. NAME GEOK VILLA SONAKA TOKE, (STE, #913) STREET ADDRESS STREET ADDRESS 4168 CEDAR CREEK ROAD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoye