SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 49/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Katherine Harris ANNUAL REPORT Secretary of State 99 JUL 14 PM 3: 32 DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000076510 SLUNCIART OF STATE TALLAHASSEE, FLORIDA J L. ADVANCED MEDIA, INC. Principal Place of Business Mailing Address 4744 S. OCEAN BLVD. #2 4744 S. OCEAN RLVD. #2 HIGHLAND BEACH FL 33487 02/02/9901 WRITE IN THIS SPACE 150 HIGHLAND BEACH FL 33487 08/31/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For AVE 65-08 21 4300 NE 15T 26 6300 NE 1S Not Applicable Suite, Apt. #, etc Sulte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SUITE Fee Required City & State **Election Campaign Financing** \$5.00 May Be .LAUDERDA Trust Fund Contribution Added to Fees 23 This corporation owes the current year 33334 USA Yes ☐ No 25 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEWART, ELIZABETH 82 Street Address (P.O. Box Number is Not Acceptable) 4744 S. OCEAN BLVD. #2 HIGHLAND BEACH FL 33487 83 84 City 85 Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (2/99)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE 1.1 TITLE Change Assistan ___ DELETE CR2E034 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP SECTY / TREAS TITLE DELETE 2.1 TITLE Change X Addition DOEDTHY E. ISSEL NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS FL 33324 DAVIE 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3 1 TITLE DELETE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE **Q D**ddition Change NAME 6 2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 64 CITY ST ZIP

14. 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 1 further certify that the information indicated on this annual report or supplemental 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 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 12 or Block 13 if changed, or on an attachment with an address. 1E. 15SER 7.2-99 771-4484