

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90312 030 ***150.00

DOCUMENT # P99000005685

1. Entity Name

NEUTRON DIGITAL MEDIA CORPORATION

Principal Place of Business

Mailing Address

3780 TAMPA ROAD, SUITE 109
 OLDSMAR FL 34677

3780 TAMPA ROAD, SUITE 109
 OLDSMAR FL 33763-5004

2. Principal Place of Business

3. Mailing Address

475 CENTRAL AVE

475 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B100

SUITE B100

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33701

33701

4. FEI Number

59-355 4848

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCHITETTO, MICHAEL T
3780 TAMPA ROAD, SUITE 109
OLDSMAR FL 34677

Name **Architetto, Michael**

Street Address (P.O. Box Number is Not Acceptable)

475 CENTRAL AVE 13100

City **ST. PETERSBURG** FL Zip Code **33701**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-2000

DATE

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 Delete
 NAME **PD ARCHITETTO, MICHAEL T**
 STREET ADDRESS **3780 TAMPA ROAD, SUITE 109**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE Change Addition
 NAME **Architetto, Michael**
 STREET ADDRESS **475 CENTRAL AVE B100**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE Delete
 NAME **VD FARROW, BRIAN T**
 STREET ADDRESS **3780 TAMPA ROAD, SUITE 109**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE Change Addition
 NAME **Farrow, Brian**
 STREET ADDRESS **475 CENTRAL AVE 13100**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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)(l), 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: **REQUIRE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000
 Date

727-799-6417
 Daytime Phone #

CR2E034 (9/99)