2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am Secretary of State DOCUMENT # **P99000042981** A.K.A. MULTIMEDIA, INC. 02-29-2000 90188 040 ***150.00 Mailing Address rincipal Place of Business 10221 FONTAINBLEAU BLVD #201 FONTAINBLEAU BLVD #201 MIAMI FL 33172-3255 FL 33172 60025161 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0919895 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JACOBSON, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 10221 FONTAINBLEAU BLVD #201 MIAMI FL 33172 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 OFFICERS AND DIRECTORS ☐ Addition CR2E034 (9/99 TITLE ☐ Delete NAME JACOBSON, DANIEL E JACOBSON, DANIEL E STREET ADDRESS 10221 FONTAINBLEAU BLVD #201 10221 FONTAINBLEAU BLVD #201 CITY-ST-ZIP ST-ZIP **MIAMI FL 33172** MIAMI, FL. 33172 ☐ Addition Change Delete TITLE NAME Annacee STREET ADDRESS CITY-ST-7IP ST ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP Change Addition ☐ Delete TITLE NAME ADDUCE STREET ADDRESS CITY-ST-ZIP ST ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and according to the control of the durate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with

NTEL JACOBSON PRES

Daytime Phone #