2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P99000042981 1. Entity Name A.K.A. MULTIMEDIA, INC. 04-03-2001 90046 023 ***150.00 Principal Place of Business Mailing Address 10221 FONTAINBLEAU BLVD #201 10221 FONTAINBLEAU BLVD #201 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0919895 Not Applicable Zip Country Zip Country \$8.75 Additional 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 City 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change DP ☐ Delete TITLE TITLE JACOBSON, DANIEL E NAME NAME STREET ADDRESS 10221 FONTAINBLEAU BLVD #201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33172 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in her like in powered. 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowe, in Block 11 or Block 12 if changed, or on an attachment with an address, with

DANIEL JACOBSON

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