2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am DOCUMENT # **P99000098724** 1. Entity Name Secretary of State ADVANCED DIGITAL ENTERTAINMENT CORP. 05-03-2000 90127 016 ***150.00 Mailing Address Principal Place of Business P.O. BOX 3724 ⊕ BOX 3724 BRANDON FL 33509-3724 FL 33509 950535 2. Principal Place of Business 3. Mailing Address 20673 P.O. (30) Ъ0X DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIMELMAN, JAY ddress (P.O. 160 BAYWOOD AVE., STE, 100 LONGWOOD FL 32750 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. (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DIPIC Change Change ☐ Delete TITI F TITLE CLARK, DALE A NAME Clark, Dale NAME 1736 Hulett DR 1736 HULETT DR. STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP <u>Brandon PL 33511</u> CITY-ST-ZIP ☐ Addition Thange ☐ Delete TITLE TITLE BROERMAN, DAVID L NAME Broerman David L NAME STREET ADDRESS 2811 5 Pines Dr. #11 2811 S. PINES DR.,#11 STREET ADDRESS CITY-ST-ZIP argo, FL 3377 CITY-ST-ZIP LARGO FL 33771 TITLE Delete TITLE DUARTE, EDWARD M Dawn Braadon NAME NAME 5608 PINNACLE HEIGHTS CIRCLE,#109 1310 49th Attenue N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <u>51. Petersburg</u> CITY-ST-ZIP **TAMPA FL 33624** ☐ Change TITLE Addition Delete TITLE KIMELMAN, JAY NAME NAME 126 ABERDEEN CIRCLE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 ☐ Change Addition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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)(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

SIGNATURE: