

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S20328

**FILED
Oct 03, 2005
Secretary of State****Entity Name:** AMERICAN MULTIMEDIA SYSTEMS, INC.**Current Principal Place of Business:**4701 N FED HWY
STE 350
POMPANO BEACH, FL 33064 US**New Principal Place of Business:****Current Mailing Address:**2931 N.E. 46TH STREET
LIGHTHOUSE POINT, FL 330647266**New Mailing Address:**

FEI Number: 65-0237255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:SUCHOCKI, JOHN L., JR.
2931 N.E. 46 STREET
LIGHTHOUSE POINT, FL 33064 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUCHOCKI, JOHN L., J. R.
Address: 2931 N.E. 46 ST.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD () Delete
Name: SUCHOCKI, KARLA L.,
Address: 2931 N.E. 46 ST.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BITON, ZULEMA,
Address: 4701 N. FEDERAL HWY., SUITE 350
City-St-Zip: POMPANO BEACH, FL 33064

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SUCHOCKI

RA

10/03/2005

Electronic Signature of Signing Officer or Director

Date