2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED **DOCUMENT # V22266** Apr 12, 2000 8:00 am Secretary of State APPLIED MEDIA TECHNOLOGIES CORPORATION 04-12-2000 90007 038 ***150.00 Principal Place of Business Mailing Address 3001-EXECUTIVE DRIVE 2001 EXECUTIVE DRIVE > SUITE 280 SHITE 200-CLEARWATER FL 33762-3389 CLEARWATER FL 33762 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SAIDDIRU Mèdia Technologies Corporation Applied Media Technologies Corporation 4091 AMTC Center Drive City & State 4091 AMTC Center Drive City & Stattlearwater, FL 33764.6976 4. FEI Number Applied For 59-3111961 Clearwater, FL 33764.6976 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME AGENT -NEW APPRESS BURTON JR., CLAYTON Street Ad Applied Media Technologies Corporation -3001 EXECUTIVE DRIVE 4091 AMTC Center Drive SUITE 280 Clearwater, FL 33764.6976 CLEARWATER FL 33782 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable . (NOTE: Registered Agent signature required when reinstating) CONFILE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Applied Media Technologies Corporation 15....CR2Enti4 (1/4)() 。 2. 使自然的一种的指数方式的东西。在 TITLE TITLE **BURTON, CLAYTON** NAME NAME 4091 AMTC Center Drive STREET ADDRESS STREET ADDRESS 2001 EXECUTIVE DRIVE Clearwater, FL 33764.6976 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33782 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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