

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-01-2007 90036 038 ***150.00

DOCUMENT # P05000130564 1. Entity Name WASSERMAN MULTIMEDIA MANAGEMENT, INC.					
Principal Place of Business 708 FORMOSA AVENUE UNIT 2 WINTER PARK, FL 32789			Mailing Address 708 FORMOSA AVENUE UNIT 2 WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 203531135 ☒ Applied For ☐ Not Applicable APPLIED FOR					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SMITH, RANDALL C 533 VERSAILLES DRIVE SUITE 100 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name David A Wasserman Street Address (P.O. Box Number is Not Acceptable) 708 Formosa Ave St 2 City Winter Park FL Zip Code 32789		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 4-25-07 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, DAVID 708 FORMOSA AVE #2 WINTER PARK, FL 32789	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date: 4-23-07		