

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000007911

FILED
Mar 15, 2004
Secretary of State

Entity Name: MULTIMEDIA EDUCATIONAL TELEVISION, INC.

Current Principal Place of Business:

621 SW 53RD STREET
SUITE 350
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

621 SW 53RD STREET
SUITE 350
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0464483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, ANA C.
621 SW 53RD STREET
SUITE 350
BOCA RATON, FL 33487 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LERNER, EDWARD E
Address: 621 SW 53RD STREET, STE 350
City-St-Zip: BOCA RATON, FL 33487

Title: PD () Delete
Name: LERNER, ANA C
Address: 621 SW 53RD STREET, STE. 350
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANA C. LERNER

PD

03/15/2004

Electronic Signature of Signing Officer or Director

_____ Date