2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

624591 DOCUMENT

1. Entity Name

%DAVID WEISS

Principal Place of Business

MOVIE MEDIA NETWORK, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90113 020 ***150.00

1	WE TOTAL
Mailing Address %DAVID WEISS	
1541 BRICKELL AVE., STE. 3405 MIAMI FL 33129	
US	
3. Mailing Address	

1541 BRICKELL AVE STE. 3405 MIAMI FL 33129 US 2. Principal Place of Business Suite, Apt. #, etc.		1541 BRICKELL AVE S MIAMI FL 33129 US 3. Mailing Address	STE. 3405		
		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Sta	te		City & State		4. FEI Number 59-1987229 Applied For
Zip		Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
WEISS, I				Name	ess (P.O. Box Number is Not Acceptable)
	CKELL AVE				
SUITE 34	05			<u> </u>	
MIAMI FL	· ;		<u> </u>	City	FL Zip Code istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature req	quired when reinstaling) DATE
After Make Check	May 1, 200	3 Fee will be \$550.00 Florida Department of			9. Election Campaign Financing Trust Fund Contribution. Added to Fees
10.		OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Weiss, DA 1541 Bric Miami Fl	AVID Kell Ave., Ste. 3405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLENAMESTREET ADDRESSCITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME ITREET ADDRESS HTY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME Treet address ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME Treet adoress Ty-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 changed, or on an attachment with an address with all other like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

David Weissi President

David Weissi President

1/13/03 (305) 854-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #