FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

indicated on this report pplemental report is true and

of the corporation or the attachment with an ad-

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # / 03000005847 04-20-2004 90031 031 ***150.00 New Millennium Multimedia DO NOT WRITE IN THIS SPACE 44031719 2. Principal Place of Business 3. Mailing Address 715 Almond +15 Almord Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ∞ ite City & State 4. FEI Number Applied For ermont, Fl チチ・ハ(Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO_NOT_WRITE Street Address (P.O.-Bex Number is Not Acceptable IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. Director TITLE TITLE CR2E034B (12/02) renneth w Hatley NAME NAME 715 Almord Street, Suite D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lermont, FL. 3471 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7P TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

OFFICER OR DIRECTOR

of purels and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

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