


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000004506</b>	
1. Entity Name <b>MULTI-MEDIA EXPOSURE, INC.</b>	
	
Principal Place of Business <b>150 MORRISTOWN ROAD PLAZA 202, #110 BERNARDSVILLE, NJ 07924</b>	Mailing Address <b>150 MORRISTOWN ROAD PLAZA 202, #110 BERNARDSVILLE, NJ 07924</b>



07132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3437675</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SKIPSTAD, BONNIE  
13555 AUTOMOBILE BLVD., SUITE 640  
CLEARWATER, FL 33762**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGHESE, SCIPIONE 150 MORRISTOWN ROAD PLAZA 202, #110 BERNARDSVILLE, NJ 07924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BORGHESE, FRANCESCO 150 MORRISTOWN ROAD PLAZA 202, #110 BERNARDSVILLE, NJ 07924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORGHESE, LORENZO 150 MORRISTOWN ROAD PLAZA 202, #110 BERNARDSVILLE, NJ 07924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORGHESE, AMANDA 150 MORRISTOWN ROAD PLAZA 202, #110 BERNARDSVILLE, NJ 07924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/01/06-80013-011 150.00

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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:** *Scipione Borghese* *Scipione Borghese* 7/14/06 908-766-2997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #