2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2008
Secretary of State

DOCUMENT# F05000004506

Entity Name: MULTI-MEDIA EXPOSURE, INC.

Current Principal Place of Business:

150 MORRISTOWN ROAD PLAZA 202, #110
BERNARDSVILLE, NJ 07924

New Principal Place of Business:

Current Mailing Address:

150 MORRISTOWN ROAD PLAZA 202, #110
BERNARDSVILLE, NJ 07924

New Mailing Address:

FEI Number: 22-3437675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BORGHESE, SCIPIONE
Address: 150 MORRISTOWN ROAD PLAZA 202, #110
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: VTD ( ) Delete
Name: BORGHESE, FRANCESCO
Address: 150 MORRISTOWN ROAD PLAZA 202, #110
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: SD ( ) Delete
Name: BORGHESE, LORENZO
Address: 150 MORRISTOWN ROAD PLAZA 202, #110
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: VD ( ) Delete
Name: BORGHESE, AMANDA
Address: 150 MORRISTOWN ROAD PLAZA 202, #110
City-St-Zip: BERNARDSVILLE, NJ 07924

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: S. E. PORTAS CONT 05/03/2008

Electronic Signature of Signing Officer or Director Date