

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004506

Entity Name: MULTI-MEDIA EXPOSURE, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

150 MORRISTOWN ROAD  
SUITE 110  
BERNARDSVILLE, NJ 07924

## Current Mailing Address:

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

## New Mailing Address:

150 MORRISTOWN ROAD  
SUITE 110  
BERNARDSVILLE, NJ 07924

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

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: STEPHEN E. PORTAS

CONT

04/17/2009

Electronic Signature of Signing Officer or Director

Date