

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005482

FILED
May 01, 2009
Secretary of State

Entity Name: MINORITY MEDIA AND TELECOMMUNICATIONS COUNCIL, INC.

Current Principal Place of Business:

3636 16TH ST NW #B-366
WASHINGTON, DC 20010

New Principal Place of Business:

3636 16TH ST NW
B-366
WASHINGTON, DC 20010

Current Mailing Address:

3636 16TH ST NW #B-366
WASHINGTON, DC 20010

New Mailing Address:

FEI Number: 52-1880677 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEIBOWITZ, MATTHEW
LEIBOWITZ & ASSOCIATES, P.A.
4400 BISCAYNE BLVD #880
MIAMI, FL 33137 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: RIVERA, HENRY
Address: 1776 K ST NW
City-St-Zip: WASHINGTON, DC 20006

Title: P () Delete
Name: HONIG, DAVID
Address: 241 HICKORY RIDGE DR
City-St-Zip: QUEENSTOWN, MD 21658

Title: V () Delete
Name: KRASNOW, ERWIN
Address: 1000 POTOMAC ST NW 5TH FL
City-St-Zip: WASHINGTON, DC 20007

Title: S () Delete
Name: FITZGERALD, ARI
Address: 555 13TH ST NW
City-St-Zip: WASHINGTON, DC 20004

Title: T () Delete
Name: PARKER, EVERETT DR.
Address: 11 MIDLAND AVE
City-St-Zip: WHITE PLAINS, NY 10606

Title: D () Delete
Name: GHATT, JENEBA
Address: 2 WISCONSIN CIRCLE SUITE 700
City-St-Zip: CHEVY CHASE, MD 20815

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HONIG

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date