FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:57

DOCUMENT # F94000004062 (5)

1. Corporation Name
MULTIMEDIA COMMUNICATIONS GROUP, INC.

Principal Place of Business	Mailing Address
3501 SW 10TH ST., STE. 218 OCALA FL 34470	3501 SW 10TH ST., STE. 218 OCALA FL 34470

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1301 N.E. 14TH ST.	26 1301 N.E. 14TH ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OCALA, FL	28 City & State: OCALA, FL.
24 Zip: 34470 25 Country: USA	29 Zip: 34470 30 Country: USA

4. FEI Number: 59-3198867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WEBSTER, WILLIAM
3101 SW 34TH AVE. #905-166
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1301 N.E. 14TH ST.
83
84 City: OCALA FL 85 Zip Code: 34470

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	WEBSTER, WILLIAM	1.2 NAME		
STREET ADDRESS	3101 SW 34TH AVE. #905-166	1.3 STREET ADDRESS	1301 N.E. 14TH ST.	
CITY-ST-ZIP	OCALA FL 34474	1.4 CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	HOENIG, GREGORY	2.2 NAME		
STREET ADDRESS	5186 SE 14TH PL.	2.3 STREET ADDRESS	1301 N.E. 14TH ST.	
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	OCALA, FL 34470	
TITLE	P	3.1 TITLE		☑ Change ☐ Addition
NAME	GIANOTTI, ALBERT	3.2 NAME		
STREET ADDRESS	1248 CRESTWOOD DR.	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	NORTHBROOK IL 60062	3.4 CITY-ST-ZIP		
TITLE	VST	4.1 TITLE		☑ Change ☐ Addition
NAME	STINE, JAMES	4.2 NAME		
STREET ADDRESS	1735 NE 3RD ST	4.3 STREET ADDRESS	1301 N.E. 14TH ST.	
CITY-ST-ZIP	OCALA FL 34471	4.4 CITY-ST-ZIP	OCALA, FL 34470	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] / JAMES R. STINE, VST 1/20/95 904-732-7244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380681 CP