

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # F94000004696

1. Entity Name
MULTI-MEDIA NETWORK CORPORATION



Principal Place of Business

**912 5TH ST
CLERMONT, FL 34712 US**

Mailing Address

**P O BOX 335
VALLEY CITY, OH 44280 US**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1690995

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACK, EMILY
220 LAKEVIEW DR
#308
WESTON, FL 33326**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACK, EMILY
STREET ADDRESS	220 LAKEVIEW DR #308
CITY - ST - ZIP	WESTON, FL 33326
TITLE	CFO
NAME	DISTERHOFF, LEE
STREET ADDRESS	201 COLUMBIA RD
CITY - ST - ZIP	VALLEY CITY, OH 44280
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000144802
04/30/04-80144-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #