


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90065 023 ***158.75

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	
2. Principal Place of Business - No P.O. Box # 465 Ocean Dr. Suite, Apt. #, etc. #223		3. Mailing Address P.O. Box 19-993 Suite, Apt. #, etc.	
City & State Miami Beach, FL Zip 33139 Country US		City & State Miami Beach, FL Zip 33119 Country US	
4. FEI Number 34-1690995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACK, EMILY 220 LAKEVIEW DR #308 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Mack, Emily Street Address (P.O. Box Number is Not Acceptable) 465 Ocean Dr. #223 City Miami Beach FL Zip Code 33139	
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 <u><i>Emily S. Mack</i></u> DATE <u>1/25/07</u> <small>Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACK, EMILY 220 LAKEVIEW DR #308 WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Mack, Emily 465 Ocean Dr. #223 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO DISTERHOFF, LEE 201 COLUMBIA RD VALLEY CITY, OH 44280	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.			
SIGNATURE: <u><i>Emily Mack</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/25/07</u> <u>305 672 3339</u> <small>Date Daytime Phone #</small>	