

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003587 (1)

1. Corporation Name

MULTI MEDIA RESPONSE, INC.



Principal Place of Business

5355 TOWN CENTER RD.
CROCKER PLAZA, STE. 301
BOCA RATON FL 33486

Mailing Address

5355 TOWN CENTER RD.
CROCKER PLAZA, STE. 301
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

21 17428 LOCH LOMAND WAY
Suite, Apt. #, etc.

26 17428 LOCH LOMAND WAY
Suite, Apt. #, etc.

22 City & State
BOCA RATON FL

27 City & State
BOCA RATON FL

23 Zip Country
33496 PALM BEACH

28 Zip Country
33496 PALM BEACH

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report

4. FEI Number

65-0346531

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name
HAROLD GOLDBERG

82 Street Address (P.O. Box Number is Not Acceptable)

17428 LOCH LOMAND WAY

83

84 City
BOCA RATON

FL

85 Zip Code
33496

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

Harold Goldberg

HAROLD GOLDBERG

7-9-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
GOLDBERG, HAROLD
17428 LOCH LOMAND WAY
BOCA RATON FL 33496

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Goldberg
HAROLD GOLDBERG

7/9/96

CR2E034 (12/95)