
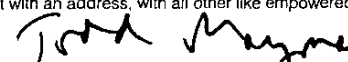


## 04-23-2004 90219 019 \*\*\*150.00

<b>DOCUMENT # F99000005565</b>				04-23-2004 90219 019 ***150.00	
<b>1. Entity Name</b> MULTIMEDIA HOLDINGS CORPORATION					
<b>Principal Place of Business</b> 7950 JONES BRANCH DRIVE MCLEAN, VA 22107		<b>Mailing Address</b> 7950 JONES BRANCH DR MCLEAN, VA 22107			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04122004		Chg-P	CR2E034 (10/03)
		<b>4. FEI Number</b> 57-0691788		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORKINDALE, DOUGLAS H		NAME		
STREET ADDRESS	7950 JONES BRANCH DR		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBOW, CRAIG		NAME		
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORKINDALE, DOUGLAS H		NAME		
STREET ADDRESS	7950 JONES BRANCH DR		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPPLE, THOMAS L		NAME	Todd A. Mayman	
STREET ADDRESS	7950 JONES BRANCH DR		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALDWIN, CHRISTOPHER W		NAME		
STREET ADDRESS	7950 JONES BRANCH DR		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTORE, GRACIA C		NAME	Michael A. Hart	
STREET ADDRESS	7950 JONES BRANCH DR		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
<b>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 empowered.</b>					
<b>SIGNATURE:</b> 		Todd Mayman		4/22/04 (703) 854-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	