

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---

DOCUMENT # **L23339** (9)

1. Corporation Name

MULTI-MEDIA NETWORK GROUP, INC.

FILED

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business 2896 UNIVERSITY DR S71 CORAL SPRINGS FL 33065 US	Mailing Address C/O REBECCA NEWMAN P.O. BOX 276254 BOCA RATON FL 33427 US
--	---

DO NOT WRITE IN THIS SPACE

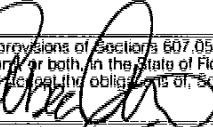
2. Principal Place of Business 21 4400 N. Federal Hwy Suite, Apt. #, etc. 22 Suite 204 City & State 23 Boca Raton, FL Zip 24 33431	2a. Mailing Address 25 Rebecca Tebon Suite, Apt. #, etc. 26 City & State 27 Zip 28
---	---

3. Date Incorporated or Qualified 10/16/1989	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0150771	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. 194.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent NEWMAN, REBECCA 2896 UNIVERSITY DR S71 CORAL SPRINGS FL 33065	
---	--

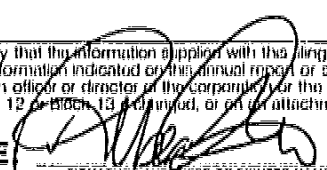
10. Name and Address of New Registered Agent 81 Name TEBON, REBECCA 82 Street Address (P.O. Box Number is Not Acceptable) 4400 N. Fed. Hwy 83 Suite 204 84 City Boca Raton FL 85 Zip Code 33431	
---	--

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 **7/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVD	NAME NEWMAN, REBECCA	1.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 1942 NE 2ND STREET		1.2 NAME TEBON, REBECCA	
CITY - ST - ZIP DEERFIELD BEACH FL		1.3 STREET ADDRESS 4513 S. Ocean Blvd #6	
TITLE ST	NAME NEWMAN, REBECCA	1.4 CITY - ST - ZIP Highland Beach, FL 33418	
STREET ADDRESS 1942 NE 2ND ST.		2.1 TITLE ☒ Change ☐ Addition	
CITY - ST - ZIP DEERFIELD BEACH FL		2.2 NAME TEBON, REBECCA	
TITLE 	NAME 	2.3 STREET ADDRESS 4513 S. Ocean Blvd #6	
STREET ADDRESS 		2.4 CITY - ST - ZIP Highland Beach, FL 33418	
CITY - ST - ZIP 		3.1 TITLE ☐ Change ☐ Addition	
TITLE 	NAME 	3.2 NAME 	
STREET ADDRESS 		3.3 STREET ADDRESS 	
CITY - ST - ZIP 		3.4 CITY - ST - ZIP 	
TITLE 	NAME 	4.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 		4.2 NAME 	
CITY - ST - ZIP 		4.3 STREET ADDRESS 	
TITLE 	NAME 	4.4 CITY - ST - ZIP 	
STREET ADDRESS 		5.1 TITLE ☐ Change ☐ Addition	
CITY - ST - ZIP 		5.2 NAME 	
TITLE 	NAME 	5.3 STREET ADDRESS 	
STREET ADDRESS 		5.4 CITY - ST - ZIP 	
CITY - ST - ZIP 		6.1 TITLE ☐ Change ☐ Addition	
TITLE 	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)(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, as changed, or on an attachment with an address.

SIGNATURE  DATE **7/25/95** **407-367-8999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR