FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L23339** **(9)**

1. Corporation Name
MULTIMEDIA NETWORK GROUP, INC.

Principal Place of Business	Mailing Address
2898 UNIVERSITY DR S71 CORAL SPRINGS FL 33065 US	C/O REBECCA NEWMAN P.O. BOX 276254 BOCA RATON FL 33427 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 4400 N. Federal Hwy
22 Suite 204
23 Boca Raton, FL
24 33431 25 County

2a. Mailing Address
26 Rebecca Tebon
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEWMAN, REBECCA
2898 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: [signature] ✓ 7/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	☒ Change ☐ Addition
NAME	NEWMAN, REBECCA	12 NAME	
STREET ADDRESS	1942 NE 2ND STREET	13 STREET ADDRESS	TEBON, REBECCA
CITY-ST-ZIP	DEERFIELD BEACH FL	14 CITY-ST-ZIP	4513 S. Ocean Blvd #6 Highland Beach, FL 33487
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	NEWMAN, REBECCA	22 NAME	
STREET ADDRESS	1942 NE 2ND ST.	23 STREET ADDRESS	TEBON, REBECCA
CITY-ST-ZIP	DEERFIELD BEACH FL	24 CITY-ST-ZIP	4513 S. Ocean Blvd #6 Highland Beach, FL 33487
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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 above, or on an attachment with an address.

SIGNATURE: [signature] ✓ 7/25/95 407-367-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0438825 FP