

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000004659

1. Entity Name

FLORIDA MULTI-MEDIA SERVICES, INC.



**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business

3600 N.W. 43RD ST., SUITE C-1  
GAINESVILLE, FL 32606

Mailing Address

3600 N.W. 43RD ST., SUITE C-1  
GAINESVILLE, FL 32606



02022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3619333

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KISSEL, WALDEMAR JR  
3600 NW 43 STREET, SUITE C-1  
GAINESVILLE, FL 32606

**DO NOT WRITE  
IN THIS SPACE**

B. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000092785  
03/19/04-80022-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KISSEL, WALDEMAR JR
STREET ADDRESS	3620 NW 43 STREET, SUITE C-1
CITY- ST- ZIP	GAINESVILLE, FL 32606
TITLE	VP
NAME	KISSEL, MELVA
STREET ADDRESS	3620 NW 43 STREET, SUITE C-1
CITY- ST- ZIP	GAINESVILLE, FL 32606
TITLE	S
NAME	KISSEL, VANESSA
STREET ADDRESS	3620 NW 43 STREET, SUITE C-1
CITY- ST- ZIP	GAINESVILLE, FL 32606
TITLE	T
NAME	KISSEL, WALDEMAR III
STREET ADDRESS	3620 NW 43 STREET, SUITE C-1
CITY- ST- ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

*Waldemar F. Kissel Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

Daytime Phone #