


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**


04-28-2006 90165 023 \*\*\*158.75

DOCUMENT # P00000004659 1. Entity Name FLORIDA MULTI-MEDIA SERVICES, INC.	
---	---

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
---	---

DO NOT WRITE IN THIS SPACE

40000000



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3619333	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

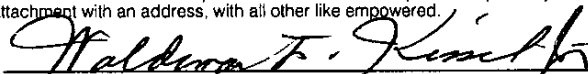
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISSEL, WALDEMAR JR 3620 NW 43 STREET, SUITE C-1 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KISSEL, MELVA 3620 NW 463 STREET, SUITE C-1 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KISSEL, VANESSA 3620 NW 43 STREET, SUITE C-1 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KISSEL, WALDEMAR III 3620 NW 43 STREET, SUITE C-1 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 exemptions contained in Chapter 119, 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:  4/28/06 352-375-4135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #