2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000021227

1. Entity Name



FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90326 035 ***150.00

14 EAST MULTIMEDIA GROUP, INC.			
Principal Place of Business Mailing Address			
1995 E. OAKLAND PARK BLVD. 1995 E. OAKLAND PARI	K BLVD.		90091170
SUITE 115 SUITE 115			
FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL	33306		
		_	
2 Principal Place of Business 3. Mailing Address			
100 S. PING ISLAND RD PC BOX 260			
Suite, Apt. #, etc. Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E034 (10/03)
City & State City & State			Applied For
FORT, AVOKRDALE, FL FORT LAUDE	FORT LAUDERDALE, FL		Not Applicable
Zip 33324 USA Zip 33302	Country U 5 A	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name J J R		LIGA, JONATHAN,	A.J.
JURIGA, JONATHAN Street Address (s /P.O. Box Number in Not Accontable)	101
417 SOUTHWEST 18TH AVENUE FORT LAUDERDALE, FL 33312		s (P.O. Box Number is Not Acceptable) S、 P I ルミ IS (A ル D の	5 B
TOTAL COST			
SUITE		F 116	
City FOAT		- LAURERBALE	FL Zip Code
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 PROSIDENT JONATHAN M. JURICA 3/25/35			
SIGNATURE Signature Speci or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remarking) DATE DATE			
(In C. Ingels on Agents and I distance (I)			
9. Election Campai	ion Einancina 💮 🚓	5 00 ·· -	<u>!</u>
FILE NOW!!! FEE IS \$150.00 Function Campail After May 1, 2005 Fee will be \$550.00 Trust Fund Contr		5.00 May Be dided to Fees	
Arter may 1, 2003 Fee Will be \$550,00			ł
10. OFFICERS AND DIRECTORS 11.		ADDITIONS/CHANGES TO OFFICE	HS AND DIRECTORS IN 11
TITLE PST Delete	me Ps		Dachange ☐ Addition
HAME JURIGA, JONATHAN M	NAME Ju	M, HAHTANOL, ASIS	4 4 146
STREET ADDRESS 417 SOUTHWEST 18 AVENUE	011-2211-2011-200	OS. PINEISLAND PO	,
CITY-ST-ZIP FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	OLT LAUBORDING, FL	33324
TITLE Delete	TITLE		☐ Change ☐ Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 offer like empowered.

SIGNATURE:

PRES 10 ENT

JONATHAN JA. 16X