2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 003 ***150.00

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1. Entity Name
MEDICAL MEDIA SOLUTIONS, INC.

94030040

Principal Place of Business	Mailing Address
2409 BELMONT LANE POMPANO BEACH, FL 33068	P.O. BOX 450381 FORT LAUDERDALE, FL 33345

03312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
829 TANGLEWOOD CIRCLE		P.O. BOX 450381	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WESTON, FLORIDA		City & State: SUNRISE, FLORIDA	
Zip: 33327	Country: USA	Zip: 33345	Country: USA

4. FEI Number: 65-0995934 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRESNIHAN, WILLIAM T JR.
2409 BELMONT LANE
POMPANO BEACH, FL 33068

7. Name and Address of New Registered Agent

Name: BRESNIHAN, WILLIAM T. JR.
Street Address (P.O. Box Number is Not Acceptable): 829 TANGLEWOOD CIRCLE
City: WESTON FL Zip Code: 33327

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: [signature] WILLIAM T. BRESNIHAN JR. 4-16-04
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRESNIHAN, WILLIAM T JR 2409 BELMONT LANE POMPANO BEACH, FL 33068	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRESNIHAN, WILLIAM T. JR 829 TANGLEWOOD CIRCLE WESTON, FL 33327	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 other like empowered.

SIGNATURE: [signature] WILLIAM T. BRESNIHAN JR. 4-16-04 561-379-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #