2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 003 ***150.00

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DOCUMENT # P00000032588

1. Entity Name
MEDICAL MEDIA SOLUTIONS, INC.

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

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	7. Name and Address of New Registered Agent
BRESNIHAN, WILLIAM T JR. 2409 BELMONT LANE POMPANO BEACH, FL 33068	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: 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	P ☒ Delete	TITLE	PSTD ☒ Change ☐ Addition
NAME	BRESNIHAN, WILLIAM T JR	NAME	BRESNIHAN, WILLIAM T. JR.
STREET ADDRESS	2409 BELMONT LANE	STREET ADDRESS	829 TANGLEWOOD CIRCLE
CITY-ST-ZIP	POMPANO BEACH, FL 33068	CITY-ST-ZIP	WESTON, FL 33327
TITLE	☐ Delete	TITLE	☐ 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		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		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 other like empowered.

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 #