


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90315 046 ***150.00

DOCUMENT # P00000032588	
1. Entity Name MEDICAL MEDIA SOLUTIONS, INC.	

Principal Place of Business 829 TANGLEWOOD CIRCLE WESTON FL 33327	Mailing Address P.O. BOX 450381 FORT LAUDERDALE FL 33345
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2. Principal Place of Business 2700 GLADES CIRCLE	3. Mailing Address
Suite, Apt. #, etc. SUITE #107	Suite, Apt. #, etc.
City & State WESTON, FL	City & State
Zip 33327	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0995934		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRESNIHAN, WILLIAM T JR. 829 TANGLEWOOD CIRCLE WESTON FL 33327		7. Name and Address of New Registered Agent Name BRESNIHAN, WILLIAM T. JR. Street Address (P.O. Box Number is Not Acceptable) 2700 GLADES CIRCLE SUITE #107 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.* **WILLIAM T. BRESNIHAN JR.** 4-21-05
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 829 TANGLEWOOD CIRCLE WESTON FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BRESNIHAN, WILLIAM T. JR. 2700 GLADES CIRCLE, SUITE #107 WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *William T. Bresnihan Jr.* **WILLIAM T. BRESNIHAN JR.** 4-21-05 561-379-4994
Signature and typed or printed name of signing officer or director Date Daytime Phone #