

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90207 017 ***150.00

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1. Entity Name
MEDICAL MEDIA SOLUTIONS, INC.



Principal Place of Business
**1008 BELMONT PL
BOYNTON BEACH FL 33436**

Mailing Address
**1008 BELMONT PL
BOYNTON BEACH FL 33436**

2. Principal Place of Business
2409 BELMONT LANE

3. Mailing Address
P.O. BOX 450381

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH LAUDERDALE, FL

City & State
SUNRISE, FL

Zip
33068

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRESNIHAN, WILLIAM T JR.
1008 BELMONT PL
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name **WILLIAM T. BRESNIHAN JR.**

Street Address (P.O. Box Number is Not Acceptable)

2409 BELMONT LANE

City **NORTH LAUDERDALE FL**

Zip Code **33068**

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. PRESIDENT 4-22-03**
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BRESNIHAN, WILLIAM T JR**
STREET ADDRESS **1008 BELMONT PL**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2409 BELMONT LANE**
CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

561-379-4994

Daytime Phone #

CR2E034 (10/02)