
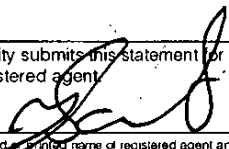


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90102 050 ***158.75

DOCUMENT # P00000063560					
1. Entity Name MULTIMEDIA SOLUTIONS OF FORT LAUDERDALE, INC.					
Principal Place of Business 1507 SE 15TH STREET, #1 FORT LAUDERDALE FL 33316		Mailing Address 1507 SE 15TH STREET, #1 FORT LAUDERDALE FL 33316			
2. Principal Place of Business 4451 YACHT HARBOR DR Suite, Apt. #, etc.		3. Mailing Address 4451 YACHT HARBOR DRIVE Suite, Apt. #, etc.			
City & State NAPLES		City & State NAPLES		4. FEI Number 65-1001486	
Zip 34112		Country COLLIER		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHONROCK, THOMAS 1507 SE 15TH STREET, #1 FORT LAUDERDALE FL 33316			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 4451 YACHT HARBOR DRIVE City: NAPLES FL Zip Code: 34112		
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:  (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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHONROCK, THOMAS		NAME		
STREET ADDRESS	1507 SE 15TH ST, #1		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	4451 YACHT HARBOR DRIVE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAPLES, FL 34112		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #