

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P00000081304

1. Entity Name

MULTI-MEDIA GROUP OF TALLAHASSEE, INC.



**FILED  
Apr 18, 2008 8:00 am  
Secretary of State**

04-18-2008 90032 045 \*\*\*150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business 2910 KERRY FOREST PARKWAY D4-180 TALLAHASSEE FL 32309	Mailing Address 2910 KERRY FOREST PARKWAY D4-180 TALLAHASSEE FL 32309
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>Post Office Box 1458</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>CORINTH, MS</i>
Zip	Zip <i>38835</i>
Country	Country <i>USA</i>
6. Name and Address of Current Registered Agent  RICKMAN, DAVID G 2910 KERRY FOREST PARKWAY D4-180 TALLAHASSEE FL 32309	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete RICKMAN, DAVID G 2910 KERRY FOREST PARKWAY, D2-180 TALLAHASSEE FL 32309	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
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 exemptions contained in Section 119, 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:

*David G. Rickman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 662-415-3695

Date

Daytime Phone #