


03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 12 AM 10:15

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <u>P07000012237</u>	
1. Entity Name <u>MULTI MEDIA CABLE CONSULTING INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6040 NW 3RD ST</u> Suite, Apt. #, etc.		3. Mailing Address <u>6040 NW 3RD ST</u> Suite, Apt. #, etc.	
City & State <u>MARGATE FL</u>		City & State <u>MARGATE FL</u>	
Zip <u>33063</u>	Country	Zip <u>33063</u>	Country

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DO NOT WRITE IN THIS SPACE		4. FEI Number <u>65-0989434</u>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		7. Name and Address of Current Registered Agent		
		Name <u>LYNCH ROSVET</u> Street Address (P.O. Box Number is Not Acceptable) <u>6040 NW 3RD ST</u> City <u>MARGATE</u> FL Zip Code <u>33063</u>		
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 <u>Rosvet Lynch</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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		

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>LYNCH ROSVET</u> <u>6040 NW 3RD ST</u> <u>MARGATE FL 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900018806829</u> <u>05/12/03--01070--008 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ANDERSON OWEN</u> <u>6040 NW 3RD ST</u> <u>MARGATE FL 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Rosvet Lynch</u>	Date <u>5/2/03</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E0348 (12/02)

5/2/0