2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000034153

Entity Name: INTERNATIONAL MEDICAL MULTIMEDIA, INC.

Current Principal Place of Business:

484 TAMARIND DRIVE
HALLANDALE, FL 33009

New Principal Place of Business:

1920 HALLANDALE BEACH BLVD
SUITE 600
HALLANDALE, FL 33009

Current Mailing Address:

484 TAMARIND DRIVE
HALLANDALE, FL 33009

New Mailing Address:

1920 HALLANDALE BEACH BLVD.
SUITE 600
HALLANDALE, FL 33009

FEI Number: 65-1101807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICAURTE, HERNAM
484 TAMARIND DRIVE
HALLANDALE, FL 33009

Name and Address of New Registered Agent:

KRONICK, LAWRENCE
252 THREE ISLAND BLVD.
#106
HALLANDALE, FL 33009

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.

SIGNATURE: LAWRENCE KRONICK 01/17/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HANSEN, PER-EGIL PH.D.
Address: 2 OCK MEADOW, SANFORD IN THE VALE
City-St-Zip: FARINGDON,OXON SNY8LN, D EN

Title: D ( ) Delete
Name: HAZENOOT, JAN-WILLEM
Address: 47 TIFFANY GARDENS
City-St-Zip: EAST HUNSBURY, NN40TJ, UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE KRONICK NSM 01/17/2002
Electronic Signature of Signing Officer or Director — Date