

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90026 007 \*\*\*550.00

**DOCUMENT # P01000102425**

1. Entity Name  
MORE MEDIA DIRECT, INC.



Principal Place of Business

407 LINCOLN RD  
PENTHOUSE NW  
MIAMI BEACH, FL 33139

Mailing Address

407 LINCOLN RD  
PENTHOUSE NW  
MIAMI BEACH, FL 33139

2. Principal Place of Business

1717 N. BAYSHORE DR.  
Suite, Apt. #, etc.  
# 2753

3. Mailing Address

P.O. Box 190756  
Suite, Apt. #, etc.



05152006

Chg-P

CR2E034 (11/05)

City & State

MIAMI, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-1155323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, MARTIN  
407 LINCOLN RD  
PENTHOUSE NW  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

MARTIN SILVERMAN

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

1717 N. BAYSHORE DR.

# 2753

City

MIAMI

FL

Zip Code

33132

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 reinstating)

5/15/06  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                       |  |
|-----------------|-----------------------|--|
| TITLE           | D                     | <input type="checkbox"/> Delete            |
| NAME            | SILVERMAN, MARTIN     |  |
| STREET ADDRESS  | 407 LINCOLN RD        |  |
| CITY - ST - ZIP | MIAMI BEACH, FL 33139 |  |
| TITLE           | D                     | <input checked="" type="checkbox"/> Delete |
| NAME            | ARDNER, MICHAEL       |  |
| STREET ADDRESS  | 407 LINCOLN RD        |  |
| CITY - ST - ZIP | MIAMI BEACH, FL 33139 |  |
| TITLE           |                       | <input type="checkbox"/> Delete            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |
| TITLE           |                       | <input type="checkbox"/> Delete            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |
| TITLE           |                       | <input type="checkbox"/> Delete            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN SILVERMAN 5/16/06 786 276 8626  
Date Daytime Phone #