


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90071 001 ***150.00
 02-16-2004 90071 002 *****8.75

DOCUMENT # P02000001832	
1. Entity Name SOMICOM MULTIMEDIA, INC.	

Principal Place of Business 6669 VIA REGINA BOCA RATON FL 33433	Mailing Address 6669 VIA REGINA BOCA RATON FL 33433
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MOORE CR2E034 (11/03)

2. Principal Place of Business 630 S. Sapodilla Ave Suite, Apt. #, etc. PH05	3. Mailing Address 630 Sapodilla Ave Suite, Apt. #, etc. PH05
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City & State West Palm Beach	City & State West Palm Beach	4. FEI Number 26-0007211	Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country Palm Beach	Zip 33401	Country Palm Beach

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MITCHELL, JOHN A 6669 VIA REGINA BOCA RATON FL 33433

7. Name and Address of New Registered Agent
Name John A. Mitchell
Street Address (P.O. Box Number is Not Acceptable) 630 S. Sapodilla Ave PH05
City West Palm Beach FL
Zip Code 33401

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 *John A. Mitchell* (NOTE: Registered Agent signature required when reinstating)

Signature: typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, JOHN A 6669 VIA REGINA BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mitchell, John A 630 S. Sapodilla Ave; PH05 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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: *John A. Mitchell* **2/16/04 561-212-9940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #