2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2006 08:00 A **Secretary of State** DOCUMENT # P03000012539 1. Entity Name MULTI MEDIA ARTISTS, INC. Principal Place of Business Mailing Address 15635 GULF BLVD 15635 GULF BLVD REDINGTON BEACH, FL 33708 REDINGTON BEACH, FL 33708 04272006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied : Not Ace 11-3675674 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INCORPORATE USA, INC. DO NOT WRITE 3150 SANDY RIDGE DR CLEARWATER, FL 33761 IN THIS SPACE 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 as the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS JITLE NAME SHEEHAN, JOAN D U000000544857 STREET ADDRESS 1235 PARK ST. N. 05/11/06-80051-020 150.00 CITY-ST-ZIP ST. PETERSBURG, FL 33710 TITLE VOSHARDT, JACK NAME 15635 GULF BLVD STREET ADDRESS CITY-ST-ZIP REDINGTON BEACH, FL 33708 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 informational 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 cath; that I am an officer or directly 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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