

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000043983

Entity Name: MAC MULTIMEDIA CORP.

**FILED**  
**Oct 26, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

3559 ORCHID DRIVE  
CORAL SPRINGS, FL 33065

## **New Principal Place of Business:**

8921 W. ATLANTIC BLVD.  
SUITE Q  
CORAL SPRINGS, FL 33071

## **Current Mailing Address:**

3559 ORCHID DRIVE  
CORAL SPRINGS, FL 33065

## **New Mailing Address:**

8921 W. ATLANTIC BLVD.  
SUITE Q  
CORAL SPRINGS, FL 33071

FEI Number: 05-0562999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PRENDERGAST, CAREY D  
3559 ORCHID DRIVE  
CORAL SPRINGS, FL 33065 US

## **Name and Address of New Registered Agent:**

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: CAREY PRENDERGAST

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PRENDERGAST, CAREY D  
Address: 3559 ORCHID DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD ( ) Delete  
Name: MOENING, AMANDA  
Address: 3559 ORCHID DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: PRENDERGAST, AMANDA  
Address: 3559 ORCHID DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMANDA PRENDERGAST

VD

10/26/2007

Electronic Signature of Signing Officer or Director

Date