

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070026

Entity Name: MMI MEDIA GROUP, INC.

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

509 HARRISON AVE.
SUITE 200
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

PO BOX 1742
PANAMA CITY, FL 32402

New Mailing Address:

PO BOX 2056
PANAMA CITY, FL 32402

FEI Number: 20-1079673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDING, MICHAEL T
509 HARRISON AVE.
SUITE 200
PANAMA CITY, FL 32401 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARDING, MICHAEL T
Address: 200 TIMBER LANE
City-St-Zip: PANAMA CITY, FL 32405

Title: VP () Delete
Name: HARDING, MARY E
Address: 200 TIMBER LANE
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: HARDING, MARY E
Address: 200 TIMBER LANE
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: HARDING, MARY E
Address: 200 TIMBER LANE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL T. HARDING

P

04/08/2005

Electronic Signature of Signing Officer or Director

Date