

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000117403

**FILED**  
**Jan 14, 2005**  
**Secretary of State**

**Entity Name:** MULTIMEDIA LEAD GENERATION CORPORATION

**Current Principal Place of Business:**

9073 ALEXANDRA CIRCLE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

9073 ALEXANDRA CIRCLE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-1234523      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LEPORE, PETER MR.  
9073 ALEXANDRA COURT  
WELLINGTON, FL 33414 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEPORE, PETER MR.  
Address: 9073 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP ( ) Delete  
Name: WADDLE, ANTHONY MR.  
Address: 9073 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP (X) Delete  
Name: ZWEIG, JACK L MR.  
Address: 9073 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

**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:

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: PETER LEPORE

PRES

01/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date