

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000143220

Entity Name: MMD EVENTS, INC

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

8710 W HILLSBOROUGH  
# 196  
TAMPA, FL 33615

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

## **Current Mailing Address:**

8710 W HILLSBOROUGH  
# 196  
TAMPA, FL 33615

## **New Mailing Address:**

FEI Number: 20-3654026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALLEN, MATTHEW  
8710 W. HILLSBOROUGH AVE #196  
TAMPA, FL 33615 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,D  
Name: ALLEN, MATTHEW D  
Address: 8710 W HILLSBOROUGH # 196  
City-St-Zip: TAMPA, FL 33615

Title: S  
Name: ALLEN, AMANDA M  
Address: 8710 W HILLSBOROUGH # 196  
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW ALLEN

PRES

02/17/2011

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

\_\_\_\_\_  
Date