2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000008491

1. Entity Name
KOT MULTIMEDIA, CORP.

66019076

04122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
9 ISLAND AVENUE APARTMENT ~~1711~~ 2011 MIAMI BEACH, FL 33139	9 ISLAND AVENUE APARTMENT ~~1711~~ 2011 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9 Island Ave	9 Island Ave.
Suite, Apt #, etc. 2011	Suite, Apt. #, etc. 2011
City & State Miami Beach Fl	City & State Miami Beach Fl
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number 20 4260691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOT, RUBEN A 9 ISLAND AVENUE APT. 1711 MIAMI BEACH, FL 33139	Name Kot Ruben A Street Address (P.O. Box Number is Not Acceptable) 9 Island Ave Aptm. 2011 City Miami Beach FL Zip Code 33139

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 accept the obligations of registered agent.

SIGNATURE [signature] Ruben Kot 4/16/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. KOT, RUBEN A 9 ISLAND AVENUE - APT 1711 MIEMI BEACH, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. KOT RUBEN A 9 Island AVE. Aptm. 2011 MIAMI BEACH, FL. 33139 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Ruben KOT 4/16/07 7862608697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #