

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145401

Entity Name: MDM-KAT,INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

3901 SOUTH OCEAN DRIVE
16-D
HOLLYWOOD, FL 33019

Current Mailing Address:

3901 SOUTH OCEAN DRIVE
16-D
HOLLYWOOD, FL 33019

New Principal Place of Business:

4001 SOUTH OCEAN DRIVE
2N
HOLLYWOOD, FL 33019

New Mailing Address:

4001 SOUTH OCEAN DRIVE
2N
HOLLYWOOD, FL 33019

FEI Number: 61-1513644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL MONTE, KATHRYN A
3901 SOUTH OCEAN DRIVE
16-D
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

DEL MONTE, KATHRYN A
4001 SOUTH OCEAN DRIVE
2N
HOLLYWOOD, FL 33019 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL MONTE, KATHRYN A
Address: 3901 SOUTH OCEAN DRIVE 16-D
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: DEL MONTE, MICHAEL
Address: 3901 SOUTH OCEAN DRIVE 16-D
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEL MONTE, KATHRYN A
Address: 4001 SOUTH OCEAN DRIVE 2N
City-St-Zip: HOLLYWOOD, FL 33019

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

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: KATHRYN A. DEL MONTE

MS

04/30/2008

Electronic Signature of Signing Officer or Director

Date