2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145401

Entity Name: MDM-KAT, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4001 SOUTH OCEAN DRIVE 4001 SOUTH OCEAN DRIVE

2N 2M

HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019

Current Mailing Address: New Mailing Address:

4001 SOUTH OCEAN DRIVE 4001 SOUTH OCEAN DRIVE 2M 2M

HOLLYWOOD, FL 33019 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: Name and Address of New Registered Agent:

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

DEL MONTE, KATHRYN A
4001 SOUTH OCEAN DRIVE
2M
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: KATHRYN A. DEL MONTE 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Delete Title: VP (X) Change () Addition

Name: DEL MONTE, MICHAEL Name: DEL MONTE, MICHAEL

 Address:
 3901 SOUTH OCEAN DRIVE 16-D
 Address:
 4001 SOUTH OCEAN DRIVE 2M

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:
 HOLLYWOOD, FL 33019

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 PRES 04/30/2009