

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000727

Entity Name: MEGA MUSEMENT, INC.

FILED  
Apr 26, 2009  
Secretary of State

## Current Principal Place of Business:

9876 MONTCLAIR CIRCLE  
APOPKA, FL 32703

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 160984  
ALTAMONTE SPRINGS, FL 32716

## New Mailing Address:

FEI Number: 59-3349621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VOITIK, JILL  
9876 MONTCLAIR CIRCLE  
APOPKA, FL 32703 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VOITIK, JILL  
Address: 9876 MONTCLAIR CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete  
Name: MILLS, JEANNINE  
Address: 6137 CARTMEL LANE  
City-St-Zip: WINDERMERE, FL 34786

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JILL VOITIK

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date