


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25 2008 08:00 AM
Secretary of State

DOCUMENT # P93000053346 1. Entity Name BROADWAY MULTIMEDIA, INC.	
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Principal Place of Business 300 SEVILLA AVE SUITE 305 CORAL GABLES FL 33134	Mailing Address 300 SEVILLA AVE SUITE 305 CORAL GABLES FL 33134
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country	4. FEI Number 65-0435163	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEGE, O. KENDALL 300 SEVILLA AVE SUITE 305 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature typed or printed name of the registered agent and title, if applicable. (NOTE: Registered agent signature required when not doing business.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VP	
NAME	HEGE, MATTHEW A	
STREET ADDRESS	300 SEVILLA AVE SUITE 305	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PRES	
NAME	HEGE, O. KENDALL	
STREET ADDRESS	300 SEVILLA AVE SUITE 305	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DIR	
NAME	HEGE, O. KENDALL	
STREET ADDRESS	300 SEVILLA AVE SUITE 305	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1100000837135
03/04/08-80044-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 IKS empowered.

SIGNATURE: *[Handwritten Signature]* **2-15-08 305-4V11281**