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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996 🤏	DIVISION OF	F CORPORATIONS			
DOCUN 1. Corporation	MENT # P94	000028514 (5)			
MULT	IMEDIA RESEARCH, IN	IC.		4 18811881 AID 18111 BIDIT BRAN BA		01/6/ (40/) S16/ (66)
to a limit						
Principal Place	of Business	Mailing Address		, , , , , , , , , , , , , , , , , , , ,		
9073 NW 53 CORAL SPE	3 STREET RINGS FL 33067	9073 NW 53 STREE Coral Springs Fl				
				3. Date Incorporated or Qualified 04/12/1994	3a. Date of Last 04/28/	
 Principal Pla 	ace of Business	2a. Mailing Address 26		4. F£I Number 65-0484182		Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			\$9.7	Not Applicable 5 Additional
2		27		5. Certificate of Status Desired		Required
City & State	9	City & State		6. Election Campaign Financing		00 Мау Ве
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for its	Aoc	ed to Fees
4]	25	29	30		□ No	b 199.002,
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New R	legistered Agent	
*****			81 Name			
	M, RONALD		82 Street Add	ldress (P.O. Box Number is Not Acceptab	ole)	
	IW 53 STREET . SPRINGS FL 33067		83			•
CORVIL	. 35minus Fl. 3300/					
					O.E.	Zip Code
or registere	eo agent, or both in the State of	.0502 and 607.1508, Florida Statut Florida Such change was authoriz Section 607.0505, Florida Statutes	zed by the corporation's bo	poration submits this statement for the pur pard of directors. I hereby accept the appo	mose of changing its	registered office
familiar with	eo agent, or both in the State of h, and accept the obligations of, Signature typed or printed name of registered	Florida Such change was authoriz Section 607.0505, Florida Statutes d agent and title if applicable.	les, the above-named corporation's bo ged by the corporation's bo S	pard of directors. Thereby accept the appoints when reinstating?	Pose of changing its ointment as registere	registered office of agent. I am
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATORE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR