

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028514 (5)

1. Corporation Name

MULTIMEDIA RESEARCH, INC.

Principal Place of Business

8073 NW 53 STREET
CORAL SPRINGS FL 33067

Mailing Address

8073 NW 53 STREET
CORAL SPRINGS FL 33067-4609

2. Principal Place of Business

21 Suite, Apt. #, etc.

28 Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

TEBLUM, RONALD
8073 NW 53 STREET
CORAL SPRINGS FL 33067

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

04/12/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0484182

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(Note: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (9/96)

12. TITLE	PD	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEBLUM, RONALD		12. NAME	
STREET ADDRESS	8073 NW 53 STREET		13. STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL 33067		14. CITY, ST, ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, ERIC		22. NAME	
STREET ADDRESS	8098 53 MANOR		23. STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL 33067		24. CITY, ST, ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVOST, WILLIAM		32. NAME	
STREET ADDRESS	5300 NW 55 AVE #306		33. STREET ADDRESS	
CITY, ST, ZIP	COCONUT CREEK FL 33073		34. CITY, ST, ZIP	
TITLE		<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME	
STREET ADDRESS			43. STREET ADDRESS	
CITY, ST, ZIP			44. CITY, ST, ZIP	
TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME	
STREET ADDRESS			53. STREET ADDRESS	
CITY, ST, ZIP			54. CITY, ST, ZIP	
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME	
STREET ADDRESS			63. STREET ADDRESS	
CITY, ST, ZIP			64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-97

814-578-4158

Date

Daytime Phone #