FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 18 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080880 (5)

1. Corporation Name
MULTI MEDIA INNOVATIONS, INC.

Principal Place of Business	Mailing Address
3501 EMERALD POINT SUITE 308B HOLLYWOOD FL 33021	3501 EMERALD POINT SUITE 308B HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:

4. FEI Number: 65-0554508 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 2029 COOLIDGE ST.	26 2029 COOLIDGE ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HOLLYWOOD, FL.	28 City & State: HOLLYWOOD, FL
24 Zip: 33020 — 25 Country: U.S.	29 Zip: 33020 — 30 Country: US.

9. Name and Address of Current Registered Agent

DAWSON, JOSEPH R
320 DAVIE BLVD.
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: EDWIN MELENDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 4906 SHERIDAN ST.
83
84 City: HOLLYWOOD — FL — 85 Zip Code: 33021

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] EDWIN MELENDEZ — DATE 7-12-95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE	D, P	☑ Change ☐ Addition
NAME	MELENDEZ, EDWIN	1 2 NAME	Edwin Melendez	
STREET ADDRESS	3501 EMERALD POINT, SUITE 208B	1 3 STREET ADDRESS	4906 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1 4 CITY-ST-ZIP	HOLLYWOOD FL. 33021	
TITLE	D	2 1 TITLE	V	☑ Change ☐ Addition
NAME	MIYASHIRO, PAUL	2 2 NAME	PAUL MIYASHIRO	
STREET ADDRESS	3501 EMERALD POINT, SUITE 208B	2 3 STREET ADDRESS	4906 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2 4 CITY-ST-ZIP	HOLLYWOOD FL. 33021	
TITLE		3 1 TITLE	T	☐ Change ☑ Addition
NAME		3 2 NAME	HAZEL MELENDEZ	
STREET ADDRESS		3 3 STREET ADDRESS	4906 SHERIDAN ST.	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	HOLLYWOOD FL. 33021	
TITLE		4 1 TITLE	S	☐ Change ☑ Addition
NAME		4 2 NAME	SWANHILD MELENDEZ	
STREET ADDRESS		4 3 STREET ADDRESS	4906 SHERIDAN ST.	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	HOLLYWOOD FL. 33021	
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] — 7-12-95 — 305-963-3720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002970 CF