

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092820

FILED  
May 15, 2008  
Secretary of State

Entity Name: MULTIMEDIA PROMOTIONS, INC.

## Current Principal Place of Business:

15670 W. STATE RD 84, SUITE 245  
SUNRISE, FL 33326 US

## New Principal Place of Business:

3801 N. UNIVERSITY DRIVE  
316  
FT. LAUDERDALE, FL 33351 US

## Current Mailing Address:

15670 W. STATE RD 84, SUITE 245  
SUNRISE, FL 33326 US

## New Mailing Address:

3801 N. UNIVERSITY DRIVE  
316  
FT. LAUDERDALE, FL 33351 US

FEI Number: 65-0624402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, CHRISTINA  
1112 WESTON ROAD  
SUITE 182  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

ROBINSON, CHRISTINA  
3801 N. UNIVERWSITY DRIVE  
316  
FT. ;LAUDERDALE, FL 33351 US

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: CHRISTINA ROBINSON

05/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DONATO, CHRISTINA SANT  
Address: 16170 LA COSTA DR  
City-St-Zip: WESTON, FL 33326

Title: DS ( ) Delete  
Name: LOSADA, LOURDES  
Address: 16350 NW 84TH AVE  
City-St-Zip: MIAMI, FL 33016

Title: T (X) Delete  
Name: FALK, LAUREL  
Address: 289 JACARANDA DRIVE  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FALK, LAUREL  
Address: 289 JACARANDA DRIVE  
City-St-Zip: PLANTATION, FL 33324

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: CHRISTINAA SAN DONATO

DP

05/15/2008

Electronic Signature of Signing Officer or Director

Date