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May 09 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000010963 (2)

1. Corporation Name
A7 MULTIMEDIA, INC.

Principal Place of Business

533 N. NOVA RD., STE. 115
ORMOND BEACH FL 32174

Mailing Address

533 N. NOVA RD., STE. 115
ORMOND BEACH FL 32174-4447

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 STE 216

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 STE 216

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CLARK, JOSEPH P
533 N. NOVA RD., STE. 115
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

4. FEI Number

59-3358734

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

10. Name and Address of New Registered Agent

81 Name

PATRICK M. SHANNON

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

533 N. NOVA RD., STE 216

83 City

ORMOND BEACH

FL

85 Zip Code

32174

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to herein 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

Patrick M. Shannon

(NOTE: Registered Agent signature required when reinstating)

4/23/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHANNON, PATRICK
STREET ADDRESS 533 N. NOVA RD., STE. 115
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 proprietor 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 or in an attachment with an address.

SIGNATURE

Patrick M. Shannon

shannon

CR2E034 (9/96)