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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013158

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

MULTIMEDIA ADVERTISING, INC.

Principal Plac	ce of Business	Mailing Address				E TOUTHOUSE HIT	TOTAL SITE ORGE ORDE SOLUTION	15 16 800 (1685 11 8	E1 E1101 (1111 1111)
8101 PHILLIPS	S HWY	P.O. BOX 23679							
#16		JACKSONVILLE FL 32241-3679							
JACKSONVILLE FL 32256		US			DO NOT WRITE IN THIS SPACE				
05						3. Date Incorporat	ed or Qualifed		
D-''	Diament Description	T				02/08/1996			
·	Place of Business	2a. Mailing Address				4. FEI Number	•		Applied For .
21 Suite Ant	. # ata	26				<u>59-3357986</u>			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Sta	atus Desired		Additional	
City & State		City & State						Required	
23					6. Election Campa			May Be	
Zip	Country	Zip	Cou	intry		Trust Fund Con			to Fees
24	25	29	30	y		Personal Prope	owes the current year I	ntangible MYes	□No
[24]	9. Name and Address of Current		30	T			ress of New Registere		□ IÁO
				81	Name	10. Hume Bild Auc	1033 Of New Registerer	Agent	
	JDLIN, RAY M								
872	7 PHILLIPS HIGHWAY #408			82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
JAC	KSONVILLE FL 32256			83					1
						<u> </u>			
1				84	City		FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the al	bove-r	named coro	oration submits this sta	tement for the purpose of	= i f changing it	s registered
office or I	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was	authorized	by th	ne corporation	on's board of directors.	I hereby accept the appo	intment as r	egistered
agont. 1 c	an ramiliar with, and accept the obligation	7115 OI, 3600011 007.0303, FI	Uliua Stati	utes.					
							•		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent si	signature require	d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND		E: Registered	Agent si	signature require	d when reinstating) ADDITIONS/CHA		ND DIRECT	ORS IN 12
	Signature, typed or printed name of registered agent a OFFICERS AND				signature required		DATE NGES TO OFFICERS A	ND DIRECT	
12.	Signature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	13.	TLE	signature required				
12. TITLE	Signature, typed or printed name of registered egent a OFFICERS AND D MAUDLIN, RAY M	DIRECTORS	13. 1.1 TIT 1.2 NA	TLE					
12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND D MAUDLIN, RAY M	DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE VME	DORESS				
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

730-6033

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90065 006 ***150.00