

NOTE: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 10 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 # P96000042559 (0)

1. Corporation Name  
MULTI-MEDIA LICENSING ASSOCIATES, INC.

Principal Place of Business  
1400 N.W. 122ND AVENUE  
FT. LAUDERDALE FL 33322-2426

Mailing Address  
1400 N.W. 122ND AVENUE  
FT. LAUDERDALE FL 33322-2426



2. Principal Place of Business  
21 4987 NW 23 Avenue  
Suite, Apt. #, etc.  
22  
City & State  
23 Fort Lauderdale, FL  
Zip  
24 33309  
Country  
25 USA  
26 4987 NW 23 Avenue  
Suite, Apt. #, etc.  
27  
City & State  
28 Fort Lauderdale, FL  
Zip  
29 33309  
Country  
30 USA

3. Date Incorporated or Qualified  
05/13/1996  
3a. Date of Last Report  
Applied For  
Not Applicable  
4. FEI Number  
65-0688351  
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

9. Name and Address of Current Registered Agent  
FITZGERALD, JOHN-  
1400 N.W. 122ND AVENUE  
FT. LAUDERDALE FL 33322-2426

10. Name and Address of New Registered Agent  
81 Robert Newman  
82 4987 NW 23 Avenue  
83  
84 Fort Lauderdale FL 33309

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/97

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME Robert Newman  
STREET ADDRESS 4987 NW 23 Avenue  
CITY-ST-ZIP Ft. Lauderdale, Florida 33309  
TITLE ☐ DELETE  
NAME John Fitzgerald  
STREET ADDRESS 4987 NW 23 Avenue  
CITY-ST-ZIP Ft. Lauderdale, FL 33309  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
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 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 I am a change, or in an attachment with an address.

SIGNATURE:

Signature of Robert Newman

Robert Newman

4/29/97

Bank Dep 165.00

05/11/97-2131

CR2E034 (9/96)