## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY - ST - ZIP

Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mort Am. Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000054070 (2) DOCUMENT # MULTIMEDIA CREATIVE MANAGEMENT CORP. Principal Place of Business Mailing Address 7860 GLADES ROAD 7860 GLADES ROAD **BOCA RATON FL 33434 BOCA RATON FL 33434** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/18/1997</u> 2a. Mailing Address Principal Place of Business Applied For Not Applicable 26 Suite, Apt. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 30 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WORLDWIDE CORPORATE SERVICES, INC. ONE FINANCIAL PLAZA, SUITE 2626 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33394 83 Zip Code 84 City 85 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE ☐ Change ☐ Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADORESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 3.1 71748 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ Addition DELETE 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

64 CITY-ST-ZIP 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.

**FILED**