2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000057352** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** MULTIMEDIA LIVE, INC. 03-04-2000 90057 013 ***150.00 Principal Place of Business Mailing Address 2499 GLADES ROAD 2499 GLADES ROAD SUITE 308 **BOCA RATON FL 33431** BOCA RATON FL 33431-7202 3. Mailing Address 2. Principal Place of Business BrokenSound Parking DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0767041 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCANNAVINO, FRANK Town (333 NE MIZNER BLVD. #TH6 **BOCA RATON FL.33432** chariging its registered office SIGNATURE quired when reinstating) FILE NOW!!! FEE IS \$150.00 pration is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VDS** Ð-☐ Addition TITLE ✓ Delete SCANNAVINO, FRANK NAME STREET ADDRESS 333 NE MIZNER BLVD. #TH6 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROBERTSON, EDWARD NAME STREET ADDRESS STREET ADDRESS 6105 TOWN COLONY DRIVE, #517 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Addition ☐ Change Delete TITLE uardo Orillac NAME NAME ED BOX 6-89AD, EI Dorado STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information s signature shall have the same legal effect as if made under oath; that I am an officer or director s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this fring does not qualify indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report. ing does not qualify fo

changed, or on an attachment

GNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

SIGNATURE: