

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90636 016 ***150.00

DOCUMENT # P98000039633

1. Entity Name

CASH APPEAL MULTIMEDIA, INC.



Principal Place of Business

1046 MICHIGAN AVE STE 12
MIAMI BEACH FL 33139

Mailing Address

1046 MICHIGAN AVE STE 12
MIAMI BEACH FL 33139

14001733



MOORE CR2E034 (11/03)

2. Principal Place of Business

7758 Noremac Ave
Suite, Apt. #, etc.

3. Mailing Address

7758 Noremac Ave
Suite, Apt. #, etc.

City & State

Miami Beach FL
33141 USA

City & State

Miami Beach FL
33141 USA

4. FEI Number

65-0831519

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMAHON, CASH
1046 MICHIGAN AVE STE 12
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCMAHON, CASH
STREET ADDRESS 1046 MICHIGAN AVE STE 12
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME McMahon, Cash
STREET ADDRESS 7758 Noremac Ave
CITY-ST-ZIP Miami Beach, FL 33141

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CASH MCMAHON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2004 305-868-1662

Date

Daytime Phone #