

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90190 020 ***150.00

DOCUMENT #
1. Entity Name P98000046333 ✓

MULTILINGUAL MEDIA & MARKETING, INC.

90089329

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20370 NE 22 PLACE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH, FL		City & State	
Zip 33180	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name HILDA BENNETT	
Street Address (P.O. Box Number is Not Acceptable) 20370 NE 22 PLACE	
City N MIAMI BEACH	Zip Code FL 33180

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HILDA BENNETT 20370 NE 22 PLACE N MIAMI BEACH, FL 33180	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 on an attachment with an address, with all other like empowered.

SIGNATURE: HILDA BENNETT 4/9/2003 (305) 466-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #