

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064463

Entity Name: MMK REPORTERS, INC.

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

2298 SW JAY AVENUE  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

2298 SW JAY AVENUE  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 65-0853199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FACONTI, MICHELE  
2298 SW JAY AVENUE  
PORT ST. LUCIE, FL US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FACONTI, MICHELE  
Address: 2298 SW JAY AVENUE  
City-St-Zip: PORT ST. LUCIE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE FACONTI

PRES

04/30/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date