


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

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90011 031 ***150.00

DOCUMENT # <i>P99000019258</i>	
1. Entity Name Colossal Multimedia, Inc.	

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2. Principal Place of Business 1825 Ponce De Leon Blvd. Suite, Apt. #, etc. #184		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Coral Gables		City & State Florida	
Zip 33134	Country USA	Zip	Country
4. FEI Number 591376229		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Joseph B. Merlin, Esq.
Street Address (P.O. Box Number is Not Acceptable)
3550 Biscayne Blvd.
City Miami
FL
Zip Code 33137

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 renouncing)

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			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	President	STREET ADDRESS	
CITY - ST - ZIP	Salvatore Geraci	CITY - ST - ZIP	
	1825 Ponce De Leon Blvd, Coral Gables, FL		
	33134		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEBRUARY 23, 2004

CR2E034B (12/02)