

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000019258

1. Entity Name  
COLOSSAL MULTIMEDIA, INC.



**FILED  
Mar 10, 2008 8:00 am  
Secretary of State**

03-10-2008 90054 006 \*\*\*150.00

Principal Place of Business  
1825 PONCE DE LEON  
#184  
CORAL GABLES, FL 33134

Mailing Address  
1825 PONCE DE LEON  
#184  
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02042008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1376229	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MERLIN, JOSEPH B  
3550 BISCAYNE BLVD.  
MIAMI, FL 33137

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DPST  
NAME GERACI, SAL  
STREET ADDRESS 1825 PONCE DE LEON, #184  
CITY-ST-ZIP CORAL GABLES, FL 33134

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John G. DeWitt*

Date *3/4/08*

Daytime Phone #