2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Jan 30, 2004 08:00 AM Secretary of State DOCUMENT # P99000079044 1. Entity Name M MULTIMEDIA INC. Mailing Address Principal Place of Business 642 SHERWOOD DRIVE 642 SHERWOOD DRIVE ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 CR2E034 (10/03) 01272004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3602641 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MEYER, GEORGE F III 642 SHERWOOD DRIVE ALTAMONTE SPRINGS, FL 32701 IN THIS SPACE 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ປີບໍ່ນີ້ບໍ່ບໍ່ບໍ່ບໍ່ບໍ່ບໍ່ບໍ່ບໍ່ບໍ່ບໍ່ຂໍຂໍ447 OFFICERS AND DIRECTORS 10. 01/30/04-80045-006 150.00 TITLE MEYER, GEORGE F III NAME STREET ADDRESS 642 SHERWOOD DR CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 VP TITLE NAME JANICE, MEYER 642 SHERWOOD DR STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04

407-221-7076

Daytime Phone #