## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S03818

(9)

## **MULTI-MEDIA PARTNERS INCORPORATED**

Company   Place of Business   2a. Mailing Address   4. FEI Number   55-0271234	Agent
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 65-027 1234  Suite, Apt. #, etc. 2. Stite, Apt. #, etc. 2. Stite, Apt. #, etc. 3. Stite, Apt. #, etc. 4. Fit Number   Apt. #, etc. #,	5/01/1995 Applied For Not Applicable \$8.75 Additional Fea Required \$5.00 May Be Added to Fees x under s 199.032, Agent
Suite, Apt. #, etc  Suite, Apt. #, etc  22  City & State  City & State  City & State  28  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  DAVIS, MARIE  6920 S.W. 58TH COURT DAVIE FL 33314  10. Name and Address of New Registered Agent  81  Ball Name  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chard or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as not familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Synchology, byte or pritted name of registered agent agent and life if application.  NOTE Registered Agent synchore received when enstating?  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND ITRLE  DAVIS, TAMMY M.  12. WAKE  SIGNATURE  DAVIS, TAMMY M.  12. ADDITIONS/CHANGES TO OFFICERS AND ITRLE  DAVIS, TAMMY M.  6920 S.W. 58TH CT  DAVIS FL  11. STREET ADDRESS  CITY-ST-ZIP  DAVIE FL  TITLE  DELETE  2. LITTLE  DELETE  2. LITTLE	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees x under s 199.032, Agent
Suite, Apt. #, etc.    Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees x under s 199.032, Agent
28 Country Zip Country Zip Country 30 St. This corporation has liability for intangible tax Florida Statutes	Added to Fees x under s 199.032, Agent
25 29 30 Fiorida Statutes  Yes No  9. Name and Address of Current Registered Agent  DAVIS, MARIE 6920 S.W. 58TH COURT DAVIE FL 33314  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Fiorida Statutes  84 City  FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of char or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Synature, hipsed or private name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITRONS/CHANGES TO OFFICERS AND IRECTORS  11. TITLE  DAVIS, TAMMY M.  12. NAME  SIREIT ADDRESS  6920 S.W. 58TH CT  DAVIE FL  13. STREET ADDRESS  6920 S.W. 58TH CT  DAVIE FL  DAVIE FL  DAVIE FL  14. CITY-ST-ZIP  DAVIE FL  16. CITY-ST-ZIP  DAVIE FL  17. CITY-ST-ZIP  DAVIE FL  17. CITY-ST-ZIP  DAVIE FL  18. CITY-ST-ZIP  DAVIE FL  19. CITY-ST-ZIP  DAVIE FL  10. CITY-ST-ZIP  DAVIE FL  2. TITLE	x under s 199.032, Agent
9. Name and Address of Current Registered Agent  DAVIS, MARIE 6920 S.W. 58TH COURT DAVIE FL 33314  82 Street Address (P.O. Box Number is Not Acceptable)  83 Registered Agent sphalure required when renstating DATE  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chard or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Synature, byed or printed name of registered agent and title if appicable.  NOTE Registered Agent sphalure required when renstating DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND INTEREST ADDRESS  SIREIT ADDRESS  6920 S.W. 58TH CT  1.3 STREET ADDRESS  CITY- ST- ZIP  DAVIE FL  1.4 CITY- ST- ZIP  DILLE  1.4 CITY- ST- ZIP  DAVIE FL  1.5 TITLE  DAVIE FL  1.6 CITY- ST- ZIP  DAVIE FL  1.7 TITLE  DAVIE FL  1.7 TITLE  DAVIE FL  1.8 TITLE  DAVIE FL  1.9 TITLE  DAVIE FL  1.1 TITLE  DAVIE FL  1.1 TITLE  1.1 TITLE  DAVIE FL  1.2 NAME  1.3 STREET ADDRESS  CITY- ST- ZIP  DAVIE FL  1.4 CITY- ST- ZIP	
DAVIS, MARIE 6920 S.W. 58TH COURT DAVIE FL 33314  82 Street Address (P.O. Box Number is Not Acceptable)  83   11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chard or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0506, Florida Statutes.  SIGNATURE  Signature, hipsed or printed reme of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND ITIE  NAME  DAVIS, TAMMY M.  12 NAME  SIREET ADDRESS  6920 S.W. 58TH CT  DAVIE FL  TITLE  DELETE  DELETE  1.4 CITY-ST-ZIP  DAVIE FL  TITLE  TITLE  DAVIE FL  TITLE  DAVIE FL  TITLE  TITLE  DAVIE FL  TITLE  DAVIE FL  TITLE  DAVIE FL  TITLE  TITLE  TITLE  DAVIE FL  TITLE  TITLE  TITLE  DAVIE FL  TITLE  TITLE	
6920 S.W. 58TH COURT  DAVIE FL 33314  83  84 City  FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of char or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Synature, typed or printed rame of registered agent and tille if applicable.  NOTE: Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND IDELETE  1.1 TITLE  DAVIS, TAMMY M.  STREET ADDRESS  6920 S.W. 58TH CT  DAVIE FL  DAVIE FL  DAVIE FL  DELETE  2.1 TITLE  DELETE  2.1 TITLE	Del To Cert
DAVIE FL 33314  83  84 City  FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of char or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Synstyre, hybrid or printed reme of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DAVIS, TAMMY M.  12. NAME  STREET ADDRESS  G920 S.W. 58TH CT  DAVIE FL  DAVIE FL  DAVIE FL  DAVIE FL  DELETE  2. 1TITLE  DELETE  2. 1TITLE	Oct To Code
### City ####################################	ne Zin Certe
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chard or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  INOTE Registered Agent sgreature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  INOTE Registered Agent sgreature required when renstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND IT	OF Tim Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of char or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Synathure, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS  ITILE  DAVIS, TAMMY M.  12. NAME  STREET ADDRESS  G920 S.W. 58TH CT  DAVIE FL  DAVIE FL  DAVIE FL  DELETE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  DELETE  2.1 TITLE	85 Zip Code
Synatrue, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DAVIS, TAMMY M.  STREET ADDRESS  6920 S.W. 58TH CT  DAVIE FL  1.4 CITY-ST-ZIP  DELETE  DELETE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  DATE  1.3 STREET ADDRESS  DAVIE FL  DAVIE FL  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DATE  DELETE  DATE  D	nging its registered office registered agent. I am
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  DAVIS, TAMMY M.  12 NAME  STREET ADDRESS  6920 S.W. 58TH CT  1.3 STREET ADDRESS  CITY-ST-ZIP  DAVIE FL  14 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE	
TITLE D DELETE 1.1 TITLE  NAME DAVIS, TAMMY M. 12 NAME  STREET ADDRESS 6920 S.W. 58TH CT 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  TITLE D DELETE 2.1 TITLE	
NAME	
STREET ADDRESS CITY-S1-ZIP DAVIE FL 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP TITLE D DELETE 2.1 TITLE	Change 🔲 Addition
CITY-ST-ZIP         DAVIE FL         1.4 CITY-ST-ZIP           TITLE         D         DELETE         2.1 TITLE	
TIFLE D DELETE 2.1 TITLE	!
	Change Addition
NAME GONGAWARE, ANDREW F. 22 NAME	J change [] Addition
STREET ADDRESS 13570 S.W. 7TH PLACE 23 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL 24 CITY-ST-ZIP	
TITLE D DELETE 3.1 TITLE	Change Addition
NAME FOGAROS, CRAIG 3.2 NAME	,
STREET ADDRESS 6920 SW 58TH CT 3.3 STREET ADDRESS	İ
CHY-ST-ZIP DAVIE FL 34 CHY-ST-ZIP	
THLE DELETE 4.1 TITLE	Change   Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	·
CITY-ST-ZIP 44 CITY-ST-ZIP	
<b>■</b> • • • • • • • • • • • • • • • • • • •	Change Addition
NAIVE 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-S1-ZIP 5.4 CITY-S1-ZIP	
NAME .	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP  14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify to the exemption stated in Section 119.07(3)(k), Floric certify that the information indicated on this continue to the co	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TAMON DAVIS - JAMES OF SIGNATURE 
4/15/96 (954)797-9084