FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 8:40

DOCUMENT # **V70373** **(8)**

1. Corporation Name
MULTIMEDIA PRESENTATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
290 NW 165TH STREET PENTHOUSE 4 MIAMI FL 33169	290 NW 165TH STREET PENTHOUSE 4 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1992
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 52-1800598 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEINSTEIN & SOROTA, P.A. 290 N.W. 165 STREET PENTHOUSE 4 MIAMI FL 33169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip 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 changing its registered office 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President, Director	☒ Change ☐ Addition
NAME	DOYLE, JOHN	12 NAME	Doyle, John	
STREET ADDRESS	2122 BELFAST ROAD	13 STREET ADDRESS	12 Ringleaf Ct.	
CITY-ST-ZIP	SPARKS MD	14 CITY-ST-ZIP	Hunt Valley, MD 21030	
TITLE		21 TITLE		☐ Change ☒ Addition
NAME		22 NAME	Joanne Rubin	
STREET ADDRESS		23 STREET ADDRESS	12 Ringleaf Ct.	
CITY-ST-ZIP		24 CITY-ST-ZIP	Hunt Valley, MD 21030	
TITLE		31 TITLE	V.P. Director	☐ Change ☒ Addition
NAME		32 NAME	Roland Mundy	
STREET ADDRESS		33 STREET ADDRESS	1 Donagh Ct.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Lutherville, MD 21093	
TITLE		41 TITLE		☐ Change ☒ Addition
NAME		42 NAME	Director	
STREET ADDRESS		43 STREET ADDRESS	Melvin Sharoky, c/o Circa Pharm.	
CITY-ST-ZIP		44 CITY-ST-ZIP	33 Ralph Ave. Copiague NY 11776-0030	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. 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)(i), 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: _____ 5-22-95 407.560.0080
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0184310 CP