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

1. Corporation Name
MULTIMEDIA PRESENTATION SYSTEMS, INC.

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

Mailing Address
290 NW 165TH STREET
PENTHOUSE 4
MIAMI FL 33169

2. Principal Place of Business
21 9644 DEERECO RD
Suite, Apt. #, etc.
22
City & State
23 TIMONIUM, MD.
Zip 24 21093 County 25 USA

2a. Mailing Address
26 9644 DEERECO RD.
Suite, Apt. #, etc.
27
City & State
28 TIMONIUM, MD.
Zip 29 21093 Country 30 USA

3. Date Incorporated or Qualified: 10/12/1992
3a. Date of Last Report: 05/26/1995
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
FEINSTEIN & SOROTA, P.A.
290 N.W. 165 STREET
PENTHOUSE 4
MIAMI FL 33169

10. Name and Address of New Registered Agent
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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DOYLE, JOHN	
STREET ADDRESS	12 RINGLEAF CT	
CITY-ST-ZIP	HUNT VALLEY MD	
TITLE	VPD	☐ DELETE
NAME	MUNDY, ROLAND	
STREET ADDRESS	1 DONOAGH CT	
CITY-ST-ZIP	LUTHERVILLE MD	
TITLE	D	☐ DELETE
NAME	SHAROKY, MELVIN	
STREET ADDRESS	C/O CIRCA PHARM. 33 RALPH AVE	
CITY-ST-ZIP	COPIAGUE NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☑ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP	21093	
2 TITLE		☑ Change ☐ Addition
2 NAME		
2 STREET ADDRESS	1 DONAGH CT	
2 CITY-ST-ZIP	21093	
3 TITLE		☑ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP	11726	
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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)(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: [signature] ROLAND MUNDY 1/29/96 410 560 0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)