

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000064463

**Entity Name:** MMK REPORTERS, INC.

**Current Principal Place of Business:**

2298 SW JAY AVENUE  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

2298 SW JAY AVENUE  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 65-0853199

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FACONTI, MICHELE  
2298 SW JAY AVENUE  
PORT ST. LUCIE, FL 34953 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name FACONTI, MICHELE  
Address 2298 SW JAY AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title PD  
Name FACONTI, VICTOR PETER  
Address 2298 SW JAY AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title PD  
Name FACONTI, VICTORIA  
Address 2298 SW JAY AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title PD  
Name FACONTI, MICHELE  
Address 2298 SW JAY AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title PD  
Name FACONTI, MICHELE  
Address 2298 SW JAY AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title PD  
Name FACONTI, MICHELE  
Address 2298 SW JAY AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELE FACONTI

**PRESIDENT**

**04/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date