

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000004649**

1. Entity Name  
**MID-AMERICA TAPING & REELING, INC.**



Principal Place of Business  
**6601 LYONS ROAD**  
**SUITE E5**  
**COCONUT CREEK, FL 33073**

Mailing Address  
**121 EXCHANGE BLVD.**  
**GLENDALE HEIGHTS, IL 60139**



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>36-3333114</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**PAULS, BARBARA A**  
**6601 LYONS ROAD E-5**  
**COCONUT CREEK, FL 33073**

**DO NOT WRITE 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

*Barbara Pauls*

*2/8/08*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | PCDT                       |
| NAME           | PAULS, BARBARA A           |
| STREET ADDRESS | 121 EXCHANGE BLVD.         |
| CITY-ST-ZIP    | GLENDALE HEIGHTS, IL 60139 |
| TITLE          | S                          |
| NAME           | PAULS, BARBARA A           |
| STREET ADDRESS | 121 EXCHANGE BLVD          |
| CITY-ST-ZIP    | GLENDALE HEIGHTS, IL 60139 |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on the report, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara Pauls*

*2/8/08*

DATE