## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 08:00 A Secretary of State

ANNUAL REPURI							oun	, -	COO CO
DOCUMENT # P9900062992  1. Entity Name MEDIA PLANNING INTERNATIONAL CORPORATION							Se	ecret	tary of S
80 SW 8TH STREET SUITE 1880		Mailing Address 600 MADISON AVE., 12TH FLOOR ATTN: JORDAN E. RINGEL NEW YORK, NY 10022			<b>       </b>	<b>1</b> (11) <b>1</b> (11) <b>1</b> (1) (1	1000 OTHU <b>1</b> 000	ONIE NOKE (BA)	1 1840 WEIGHS II OBBI
DO NOT WRITE IN THIS SPA					01152008 No Chg-P CR2E034 (11/05)				
L	O NOT WRITE	IN THIS SEA	OL.		4. FEI Number 65-093				Applied For Not Applicable
	•			Ī	5. Certificate	of Status Des	sired		5 Additional lequired
	6. Name and Address of Current Re	gistered Agent		1_				,	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301						NOT THIS		•	x
8. The above the obligat	e named entity submits this statement for th tions of registered agent.					th, in the Stat		l am familia	ar with, and accept
	Signature, typed or printed name of registered agent and	tille if applicable (NOTE Register)	ed Agent signature	required w	nen reinstating)				·
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution.			0 May Be , d to Fees	•			
10.	OFFICERS AND DIF	RECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB VILA, FERNANDO R 195 BROADWAY, 12TH FLOOR NEW YORK, NY 10007					,			
TITLE NAME STREET ADDRESS	S RINGEL, JORDAN E 600 MADISON AVE., 12TH FLOOR		<u> </u>			01/2	1000079 3/08-80	1138  062-00	98 150.00
CITY-ST-ZIP	NEW YORK, NY 10022				•		-		• , •
TITLE NAME STREET ADDRESS	VCFO MCCORRY, GARY 195 BROADWAY, 12TH FLOOR							سبو سید	
CITY-ST-ZIP	NEW YORK, NY 10007		_			NOT			
NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS	SPA	O E	
TITLE NAME STREET ADDRESS						· •	•		e

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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like ampowered.

SIGNATURE: \_

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF IGRING OFFICER OR DIRECTOR

212-9803500

Daytime Phone #