

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000062992

**FILED**  
**Aug 10, 2020**  
**Secretary of State**  
**8108262754CC**

**Entity Name:** MEDIA PLANNING INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

5201 BLUE LAGOON DR, STE 790  
MIAMI, FL 33126

**Current Mailing Address:**

200 HUDSON ST  
TAX DEPARTMENT  
NEW YORK, NY 10013 US

**FEI Number:** 65-0938786

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, CEO  
Name            PERCOVICH, JORGE  
Address        200 HUDSON STREET 3RD FL  
City-State-Zip: NEW YORK NY 10013

Title            S  
Name            WYNNE, NANCY  
Address        200 HUDSON STREET 3RD FL  
City-State-Zip: NEW YORK NY 10013

Title            VP  
Name            CACERES MARTINEZ, ANTONIO  
Address        200 HUDSON STREET 3RD FL  
City-State-Zip: NEW YORK NY 10013

Title            DIRECTOR, CHAIRMAN  
Name            RODES, ALFONSO  
Address        200 HUDSON STREET 3RD FL  
City-State-Zip: NEW YORK NY 10013

Title            VP, TREASURER  
Name            MATRISCIANO, ELIZABETH  
Address        200 HUDSON STREET  
                  3RD FL  
City-State-Zip: NEW YORK NY 10013

Title            CFO  
Name            HARVIE, FREDERICK  
Address        200 HUDSON STREET  
                  3RD FL  
City-State-Zip: NEW YORK NY 10013

*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:** ELIZABETH MATRISCIANO

**TREASURER**

**08/10/2020**

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

\_\_\_\_\_  
Date