



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90185 049 \*\*\*150.00

<b>DOCUMENT # F99000003006</b> 1. Entity Name <b>MEDIA CAPTIONING SERVICES, INC.</b>					
Principal Place of Business <b>2141 PALOMAR AIRPORT SUITE 310 CARLSBAD, CA 92009</b>			Mailing Address <b>2141 PALOMAR AIRPORT SUITE 310 CARLSBAD, CA 92009</b>		
2. Principal Place of Business <b>2141 Palomar Airport Rd</b> Suite, Apt. #, etc. <b>Suite 330</b>		3. Mailing Address <b>2141 Palomar Airport Rd</b> Suite, Apt. #, etc. <b>Suite 330</b>		<b>40023652</b> 	
City & State <b>Carlsbad, Ca 92009</b>		City & State <b>Carlsbad Ca</b>		4. FEI Number <b>33-0268852</b>	
Zip <b>92009</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD PETTINATO, RICHARD 2141 PALOMAR AIRPORT SUITE 310 CARLSBAD, CA 92009</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Pettinato, Richard 2141 Palomar Airport Rd, Ste 330 Carlsbad, Ca 92009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FERRIER, PATRICIA 2141 PALOMAR AIRPORT SUITE 310 CARLSBAD, CA 92009</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Ferrer, Patricia 2141 Palomar Airport Rd Suite 330 Carlsbad, Ca 92009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
<b>SIGNATURE: Richard Pettinato</b> <b>Richard Pettinato</b> <b>2/18/05</b> <b>7604312882</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					