


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000006424</b> 1. Entity Name <b>MEDIABRAINS INC.</b>	
---	---

Principal Place of Business <b>999 VANDERBILT BEACH ROAD SUITE 607 NAPLES, FL 34108</b>	Mailing Address <b>999 VANDERBILT BEACH ROAD SUITE 607 NAPLES, FL 34108</b>
--	--



03102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3599053</b>	Applied For <b>Not Applicable</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>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BUCKHEIT, JOSEPH 999 VANDERBILT BEACH ROAD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TALMONT, SUZANNE 999 VANDERBILT BEACH ROAD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDON, KEVIN 1 SEAPORT PLAZA 199 WATER ST NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE NINO, MARK 435 DEVON PARK DR 700 BLDG WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000475016  
04/04/06-80047-009 150.00

**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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Buckheit* 3/10/06 239-594-3259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #