

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006424

Entity Name: MEDIABRAINS INC.

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

999 VANDERBILT BEACH ROAD  
SUITE 607  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

999 VANDERBILT BEACH ROAD  
SUITE 607  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 59-3599053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BUCKHEIT, JOSEPH  
Address: 999 VANDERBILT BEACH ROAD  
City-St-Zip: NAPLES, FL 34108

Title: TS ( ) Delete  
Name: TALMONT, SUZANNE  
Address: 999 VANDERBILT BEACH ROAD  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: COLLIS, JAMES  
Address: 1 SEAPORT PLAZA 199 WATER ST  
City-St-Zip: NEW YORK, NY 10038

Title: D ( ) Delete  
Name: DE NINO, MARK  
Address: 435 DEVON PARK DR 700 BLDG  
City-St-Zip: WAYNE, PA 19087

Title: D ( ) Delete  
Name: WICKERSHAM, JOHN  
Address: 475 PARK AVENUE SOUTH, 22ND FLOOR  
City-St-Zip: NEW YORK, NY 10016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WICKERSHAM, JOHN  
Address: 405 LEXINGTON AVENUE  
City-St-Zip: NEW YORK, NY 10174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE TALMONT

TS

01/20/2009

Electronic Signature of Signing Officer or Director

Date