

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008103

FILED  
May 08, 2012  
Secretary of State

**Entity Name:** DOTERATI, INC.

**Current Principal Place of Business:**

202 RIVERBEND DR.  
UNIT 202  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162352  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

202 RIVERBEND DR.  
UNIT 202  
ALTAMONTE SPRINGS, FL 32716

**FEI Number:** 26-2563465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHMADEBECK, ROSS  
202 RIVERBEND DR.  
UNIT 202  
ALTAMONTE SPRINGS, FL 32714 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAMBERSON, TARA  
**Address:** 202 RIVERBEND DR.  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32716

**Title:** VP  
**Name:** SCOTT, PETER  
**Address:** 202 RIVERBEND DR.  
**City-St-Zip:** ORLANDO, FL 32714

**Title:** VP  
**Name:** SCHMADEBECK, ROSS  
**Address:** 202 RIVERBEND DR.  
**City-St-Zip:** ORLANDO, FL 32714

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ROSS SCHMADEBECK

VP

05/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date