


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 022 ***150.00

DOCUMENT # P02000007871																													
1. Entity Name MEDIA VISTA, INC.																													
Principal Place of Business 5050 TAMiami TRAIL NORTH SUITE B NAPLES, FL 34103			Mailing Address 5050 TAMiami TRAIL NORTH SUITE B NAPLES, FL 34103																										
2. Principal Place of Business			3. Mailing Address																										
MediaVista, Inc. 5405 Taylor Rd., Ste. 10 Naples, FL 34109			MediaVista, Inc. 5405 Taylor Rd., Ste. 10 Naples, FL 34109																										
4. FEI Number 01-0595065		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
Zip		Country USA		Zip																									
Country USA		6. Name and Address of Current Registered Agent																											
ROSALES, MAYELA C 5050 TAMiami TRAIL NORTH SUITE B NAPLES, FL 34103																													
7. Name and Address of New Registered Agent																													
Name Street Address (P.O. Box Number is Not Acceptable) 5405 Taylor Rd., Ste. 10 City Naples, FL 34109 FL 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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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 officers or directors.																													
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date: 4/28/06 Daytime Phone #																													