

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000017963

Entity Name: MEDIA MARKETING INSIGHTS, INC.

FILED
Sep 10, 2009
Secretary of State

Current Principal Place of Business:

903 VIA LOMBARDY
WINTER PARK, FL 32789

New Principal Place of Business:

903 VIA LOMBARDY
WINTER PARK, FL 32789 US

Current Mailing Address:

903 VIA LOMBARDY
WINTER PARK, FL 327891530

New Mailing Address:

FEI Number: 03-0401153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUFF, TOM
247 ST. JAMES PLACE
LONGWOOD, FL 33750 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: TOM HAUFF

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SCHWEITZER, MICHAEL
Address: 903 VIA LOMBARDY
City-St-Zip: WINTER PARK, FL 32789

Title: VTD () Delete
Name: KELLY, DENNIS
Address: 903 VIA LOMBARDY
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KELLY, DENNIS
Address: 404 RYDER CUP CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: CFO () Change (X) Addition
Name: SCHWEITZER, JANE M
Address: 903 VIA LOMBARDY
City-St-Zip: WINTER PARK, FL 32789

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: MICHAEL J. SCHWEITZER

PRES

09/10/2009

Electronic Signature of Signing Officer or Director

Date