

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000117694

FILED
Sep 19, 2009
Secretary of State**Entity Name:** MASS COMMUNICATIONS INC.**Current Principal Place of Business:**650 WEST AVE
704
MIAMI BEACH, FL 33139**New Principal Place of Business:**14235 SW 139 CT
MIAMI, FL 33186**Current Mailing Address:**650 WEST AVE
704
MIAMI BEACH, FL 33139**New Mailing Address:**14235 SW 139 CT
MIAMI, FL 33186**FEI Number:** 32-0042481**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAMOTHER, EVELYNE
13520 SW 89 STREET
MIAMI, FL 33176 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: PD () Delete
Name: LAMOTHER, EVELYNE
Address: 13520 SW 89 STREET
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: GARCIA, AMBER
Address: 650 WEST AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: CA () Delete
Name: GRAHAM, JOE
Address: 650 WEST AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: PATEL, RASHID
Address: 650 WEST AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAMOTHER, EVELYNE
Address: 13520 SW 89 STREET
City-St-Zip: MIAMI, FL 33176

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

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

Title: P (X) Change () Addition
Name: MOTOS, JOILBER
Address: 650 WEST AVE
City-St-Zip: MIAMI BEACH, FL 33139

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: JOILBER MATOS

P

09/19/2009

Electronic Signature of Signing Officer or Director

Date