

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067194

Entity Name: PRO MEDIATE, INC.

FILED  
Jan 26, 2009  
Secretary of State

## Current Principal Place of Business:

416 BROAD STREET  
MASARYKTOWN, FL 34604

## New Principal Place of Business:

18733 PHILLIPS ROAD  
MASARYKTOWN, FL 34604

## Current Mailing Address:

PO BOX 550398  
FT LAUDERDALE, FL 33355

## New Mailing Address:

FEI Number: 43-2027266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHMIDT, TRACY  
416 BROAD STREET  
MASARYKTOWN, FL 34604 US

## Name and Address of New Registered Agent:

SCHMIDT, TRACY  
18733 PHILLIPS ROAD  
MASARYKTOWN, FL 34604 US

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:

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHMIDT, TRACY M  
Address: PO BOX 550398  
City-St-Zip: FT LAUDERDALE, FL 33355

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TRACY M. SCHMIDT

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date