## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000126251

Entity Name: MEDIACOMP SOLUTIONS, INC.

FILED Mar 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1601 N PALM AVE SUITE 311C 1601 N PALM AVE PEMBROKE PINES, FL 33026 STE. 311C PEMBROKE PINES, FL 33026 **Current Mailing Address: New Mailing Address:** 1601 N PALM AVE SUITE 311C 1601 N PALM AVE PEMBROKE PINES, FL 33026 STE. 311C PEMBROKE PINES, FL 33026 FEI Number: 05-0608383 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, BASIL E 1601 N. PALM AVE STE . 311C PEMBROKE PINES, FL 33026 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete () Change () Addition Name: MOORE, BASIL Name:

 Title:
 PSTD
 ( ) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 MOORE, BASIL
 Name:

 Address:
 1601 N PALM AVE SUITE 311C
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 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: BASIL MOORE DIR 03/25/2009