

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000024167

1. Entity Name
MPEBAND, INC



Principal Place of Business

**3800 S OCEAN DR
228
HOLLYWOOD, FL 33019 US**

Mailing Address

**PO BOX 41056
PHILADELPHIA, PA 19127 US**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2349702

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, MITCHELL J
3800 S OCEAN DR
228
HOLLYWOOD, FL 33019**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANE, MAGGI
STREET ADDRESS	309 DEER TRAIL DRIVE
CITY-ST-ZIP	SCHUYLKILL HAVEN, PA 17972
TITLE	D
NAME	SIMPSON, ERIC J
STREET ADDRESS	309 DEER TRAIL DRIVE
CITY-ST-ZIP	SCHUYLKILL HAVEN, PA 17972
TITLE	D
NAME	TERNAY, PIERCE M
STREET ADDRESS	309 DEER TRAIL DRIVE
CITY-ST-ZIP	SCHUYLKILL HAVEN, PA 17972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/08-80067-020 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE: *Mitchell Howard* *Director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08 *984.454.1119*
Date Daytime Phone #