2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024167

Entity Name: MPEBAND, INC

City-St-Zip:

SCHUYLKILL HAVEN, PA 17972

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place o	New Principal Place of Business:	
3800 S OCEAN DR 228 HOLLYWOOD, FL 33019 US			
Current Mailing Address:	New Mailing Address	New Mailing Address:	
PO BOX 41056 PHILADELPHIA, PA 19127 US			
FEI Number: 20-2349702 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:		New Registered Agent:	
HOWARD, MITCHELL J 3800 S OCEAN DR 228 HOLLYWOOD, FL 33019 US			
The above named entity submits this statement for in the State of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered	d Agent	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: D () Delete Name: JANE, MAGGI Address: 309 DEER TRAIL DRIVE City-St-Zip: SCHUYLKILL HAVEN, PA 17972 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: D () Delete Name: SIMPSON, ERIC J Address: 309 DEER TRAIL DRIVE City-St-Zip: SCHUYLKILL HAVEN, PA 17972 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: D () Delete Name: TERNAY, PIERCE M Address: 309 DEER TRAIL DRIVE	Title: (Name: Address:) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: MAGGI JANE D 03/25/2009