

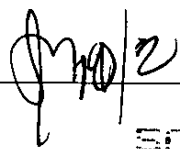


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000075122 1. Entity Name MANTIS MOBILE MEDIA, INC						FILED 07 SEP 27 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4755 SUMMERLIN ROAD SUITE 1 FORT MYERS, FL 33919				Mailing Address 4755 SUMMERLIN ROAD SUITE 1 FORT MYERS, FL 33919			
2. Principal Place of Business - No P.O. Box # 10102 Poppy Hill Dr Suite, Apt. #, etc. FT MYERS FL City & State		3. Mailing Address P.O. Box 61906 Suite, Apt. #, etc. FT MYERS, FL City & State FL		4. FEI Number 20-4966346		Applied For <input type="checkbox"/> Not Applicable	
Zip 33906		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		09252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TODD, CARRIE 4755 SUMMERLIN ROAD SUITE 1 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name CHRISTOPHER SHANE CLAUSEN Street Address (P.O. Box Number is Not Acceptable) 10102 Poppy Hill Dr FT MYERS City FL Zip Code 33906			
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 <u><i>CSC</i></u> <u>VP</u> 9/25/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME WALLEN, MARK A <input checked="" type="checkbox"/> Delete STREET ADDRESS 4755 SUMMERLIN ROAD #1 CITY-ST-ZIP FORT MYERS, FL 33919				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME RYAN STANKIEWICZ STREET ADDRESS 21301 LANCASTER ROW #217 CITY-ST-ZIP ESTERO, FL 33928			
TITLE VP <input checked="" type="checkbox"/> Delete NAME VREDEVOOGD, JON STREET ADDRESS 4755 SUMMERLIN ROAD, #1 CITY-ST-ZIP FORT MYERS, FL 33919				TITLE VP / SEC / TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CHRISTOPHER SHANE CLAUSEN STREET ADDRESS 10102 POPPY HILL DR CITY-ST-ZIP FT MYERS, FL 33906			
TITLE SECR <input checked="" type="checkbox"/> Delete NAME TODD, CARRIE STREET ADDRESS 4755 SUMMERLIN ROAD CITY-ST-ZIP FORT MYERS, FL 33919				TITLE  <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 500110274925 STREET ADDRESS 10/04/07--01040--015 **61.25 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 another like empowered.							
SIGNATURE: <u><i>CSC</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>9/24/07</u> (662) 801-0037 <small>Daytime Phone #</small>			