

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157102

FILED  
Jan 20, 2010  
Secretary of State

**Entity Name:** THE MARKETING DIRECTORS FLORIDA, INC.

**Current Principal Place of Business:**

4767 NEW BROAD ST.  
ORLANDO, FL 32814

**New Principal Place of Business:**

**Current Mailing Address:**

75 14TH STREET  
SUITE 2800  
ATLANTA, GA 30309

**New Mailing Address:**

**FEI Number:** 20-8351495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

**Title:** D  
**Name:** ALBERT, ADRIENNE  
**Address:** 750 LEXINGTON AVE., 18TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10022

**Title:** P  
**Name:** TUFTS, DAVID J  
**Address:** 75 14TH STREET, SUITE 2800  
**City-St-Zip:** ATLANTA, GA 30309

**Title:** VP  
**Name:** MILLER, VICTOR  
**Address:** 4767 NEW BROAD STREET  
**City-St-Zip:** ORLANDO, FL 32814

**Title:** CFO  
**Name:** ZEVENBERGEN, JODY  
**Address:** 11440 WEST BERNARDO COURT, SUITE 300  
**City-St-Zip:** SAN DIEGO, CA 92127

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID J. TUFTS

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01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date