

P07000084866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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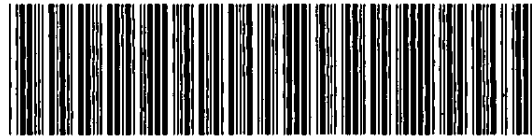
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
08 SEP 26 AM 8:40

*R.A. Chong*

*ICC*

SEP 26 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Media Minds USA, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000084866

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eva Falcone  
(Name of Contact Person)

Media Minds USA, Inc.  
(Firm/Company)

950 N. Federal Highway, Suite 210  
(Address)

Pompano Beach, FL 33062  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eva Falcone at ( 954 ) 580-1300  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2008

EVA FALCONE  
MEDIS MINDS USA, INC.  
950 N. FED. HWY., STE. 210  
POMPANO BEACH, FL 33062

SUBJECT: MEDIA MINDS USA, INC.  
Ref. Number: P07000084866

We have received your document for MEDIA MINDS USA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 208A00050455

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2008 SEP 25 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Media Minds USA, Inc.
2. The principal office address: 950 N. Federal Highway, Suite 210, Pompano Beach, Florida 33062
3. The mailing address (if different): same
4. Date of incorporation/qualification: 7/26/2007 Document number: P07000084866
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

EVA A. Falcone  
100 East Sample Road, Suite 320  
Pompano Beach, FL 33064

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EVA A. FALCONE  
950 N. Federal Highway, Suite 210  
(P.O. Box NOT acceptable)  
Pompano Beach, FL 33062

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DIVISION OF CORPORATIONS  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Eva A. Falcone  
(Signature of an officer or director)

Eva A. Falcone, President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Eva A. Falcone  
(Signature of Registered Agent)

9/22/08  
(Date)

If signing on behalf of an entity:

Eva A. Falcone  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)