## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000090445

Entity Name: MANTIS MEDIA, INC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10102 POPPY HILL DR
21301 LANCASTER RUN #817
FORT MYERS, FL 33966 US
21301 LANCASTER RUN #817
ESTERO, FL 33928 US

Current Mailing Address: New Mailing Address:

PO BOX 61906 2861 ATTALA ROAD 1137 FORT MYERS, FL 33906 US KOSCIUSKO, MS 39090 US

FEI Number: 26-2163788 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:

CLAUSEN, C S

10102 POPPY HILL DR

FORT MYERS, FL 33966 US

CLAUSEN, C S

21301 LANCASTE RUN #817

ESTERO, FL 33928 US

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: CS CLAUSEN 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 CLAUSEN, C S
 Name:
 CLAUSEN, SHANE

 Address:
 P O BOX 61906
 Address:
 2861 ATTALA RD 1137

Address: P O BOX 61906 Address: 2861 ATTALA RD 1137

City-St-Zip: FORT MYERS, FL 33906 US City-St-Zip: KOSCIUSKO, MS 39090 US

Title: SEC (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CLAUSEN, SHANE
 Name:

 Address:
 P O BOX 61906
 Address:

 City-St-Zip:
 FORT MYERS, FL 33906
 City-St-Zip:

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.

SIGNATURE: SHANE CLAUSEN P 04/29/2009