

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056772

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** MEDIATIONMATTERS INC.

**Current Principal Place of Business:**

901 PONCE DE LEON BOULEVARD  
SUITE 305  
CORAL GABLES, FL 33015

**New Principal Place of Business:**

901 PONCE DE LEON BOULEVARD  
SUITE 305  
CORAL GABLES, FL 33015 US

**Current Mailing Address:**

901 PONCE DE LEON BOULEVARD  
SUITE 305  
CORAL GABLES, FL 33015

**New Mailing Address:**

901 PONCE DE LEON BOULEVARD  
SUITE 305  
CORAL GABLES, FL 33015 US

**FEI Number:** 80-0262639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILLIPS, RICHARD H  
901 PONCE DE LEON BLVD.  
SUITE 305  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: PHILLIPS, RICHARD H  
Address: 901 PONCE DE LEON BOULEVARD, SUITE 305  
City-St-Zip: CORAL GABLES, FL 33015 US

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: RICHARD H. PHILLIPS

PSD

03/21/2012

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

\_\_\_\_\_  
Date