2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086468

Entity Name: MEDIASCEND INC.

City-St-Zip:

DEERFIELD BEACH, FL 33442

FILED Jun 23, 2009 Secretary of State

| Current P | Principal Plac | e of Business: | New Principa | New Principal Place of Business: | | |
|---|---------------------------------------|--|---|--|-------------|--|
| 1953 SW 15TH ST | | | | 43 SOUTH POMPANO PARKWAY | | |
| SUITE #72 DEERFIELD BEACH, FL 33442 | | | #216 POMPANO B | POMPANO BEACH, FL 33069 | | |
| Current N | lailing Addre | ss: | New Mailing | New Mailing Address: | | |
| 1953 SW 15TH ST | | | | 43 SOUTH POMPANO PARKWAY | | |
| #72 DEERFIELD BEACH, FL 33442 | | | | #216 POMPANO BEACH, FL 33069 | | |
| FEI Number | : 26-3403979 | FEI Number Applied For () | FEI Number Not Applica | ole () Certificate of Status Desi | red () | |
| Name and Address of Current Registered Agent: | | | Name and Ad | Name and Address of New Registered Agent: | | |
| | CHRISTOPHI PRESS BENI | | | | | |
| | O BEACH, FL | 33069 US | | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its r | egistered office or registered agen | t, or both, | |
| SIGNATU | RE: | | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | | |
| | | 93(2)(b), F.S., the corporation did no | t receive the prior notice. | | | |
| | S AND DIREC | • ,, | ADDITIONS/ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | KILAYKO, CHI 2202 S CYPRI |) Delete RISTOPHER ESS BEND DR #503 ACH, FL 33069 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | POTTER, STE 1953 SW 15TI | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | | |
| Title: Name: Address: | SEC. (POTTER, STE 1953 SW 15TH | | Title: Name: Address: | () Change () Addition | | |

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.

City-St-Zip:

SIGNATURE: CHRISTOPHER KILAYKO P 06/23/2009