

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # V59598

1. Entity Name
MEDIATE FIRST, INC.



Principal Place of Business
**200 E. ROBINSON STREET
SUITE 1200
ORLANDO, FL 32801**

Mailing Address
**200 E. ROBINSON STREET
SUITE 1200
ORLANDO, FL 32801**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3148714

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEATTIE, DOUGLAS B
660 SMOKERISE BLVD.
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEATTIE, DOUGLAS B
STREET ADDRESS	660 SMOKERISE BLVD.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	ST
NAME	CABLER, JAMES A JR.
STREET ADDRESS	6 MONTERREY DRIVE
CITY-ST-ZIP	PALM COAST, FL 321372108
TITLE	V
NAME	DOYLE, DONNA CANINA
STREET ADDRESS	8731 FERNWICKLE COURT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80074-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Douglas B. Beattie **Douglas B. Beattie** 1/8/07 407 649-9425