2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59598

Address:

City-St-Zip:

FILED Jan 22, 2009 Secretary of State

Entity Nar	ne: MEDIATE	FIRST, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
SUITE 120	BINSON STRE 0), FL 32801	ET	SUITE 700	200 E. ROBINSON STREET SUITE 700 ORLANDO, FL 32801			
Current M	ailing Addres:	s:	New Maili	New Mailing Address:			
SUITE 120	BINSON STRE 0), FL 32801	ET	SUITE 700	200 E. ROBINSON STREET SUITE 700 ORLANDO, FL 32801			
FEI Number:	59-3148714	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status	Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
660 SMOK	DOUGLAS B ERISE BLVD. OD, FL 32779	US					
The above in the State	named entity s e of Florida.	ubmits this statement for the p	urpose of changing	its registered	d office or registered a	gent, or both,	
SIGNATUR							
	Electroni	c Signature of Registered Age	nt	Date			
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BEATTIE, DOUG 660 SMOKERIS LONGWOOD, F	E BLVD.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	ST () CABLER, JAME: 6 MONTERREY PALM COAST, F	DRIVE	Title: Name: Address: City-St-Zip:	CABLER, JAI 6 MONTERR			
Title: Name: Address: City-St-Zip:	V () DOYLE, DONNA 8731 FERNWIC ORLANDO, FL	KLE COURT	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name:	()	Delete	Title: Name:	T MILES, GRE	() Change (X) 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.

Address:

City-St-Zip:

1849 VIA CONTESSA

WINTER PARK, FL 32789

SIGNATURE: JAMES CABLER 01/22/2009 S