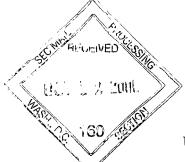
FORM D

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

3235-007€ OMB Number: May 31, 2005 Expires: Estimated average burden hours per form.....16.00



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTIC



	the shanged and indicate change)				
Mediavest, Inc. \$2,800,000 Private Placemo	endment and name has changed, and indicate change.) ent of Units (consisting of common stock and warrants to pu	rchase common stock) ULOE			
Filing Under (Check box(es) that apply): ☐ F Type of Filing: ☐ New Filing ☐ A	Milenatione	- OLOD			
	A. BASIC DENTIFICATION DATA				
1. Enter the information requested about the	issuer				
Name of Issuer (check if this is an amend	lment and name has changed, and indicate change.)				
Mediavest, Inc.		Telephone Number (Including Area Code)			
Address of Executive Offices (Number and Street, City, State, Zip Code) (310) 601-2500					
	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
Address of Principal Business Operations (if different from Executive Offices)	(Number and Succe, Croy, Care, E.F.				
Brief Description of Business Business-to-business transaction	n management services PROCES	SSED			
Type of Business Organization		2006 other (please specify):			
⊠ corporation	1 I IIIIIICU paraioisiirpi am am a (C K	Zunin (promotify)			
business trust	☐ limited partnership, to be formed ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Actual or Estimated Date of Incorporation of	or Organization:	Actual			
Jurisdiction of Incorporation or Organization	n: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	Te:			

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. o

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Secur and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed

be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and c ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. P and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have add ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part o notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requested for the following:	e past five years:		
 Each promoter of the issuer, if the issuer has been organized within th Each beneficial owner having the power to vote or dispose, or direct issuer; Each executive officer and director of corporate issuers and of corpor Each general and managing partner of partnership issuers. 	the rete of the party	0% or more of a class	ssuers; and
Each general and managing parties of parties of parties. Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner □ Promoter ☒ Deneficial Owner □ Promoter ☒ Deneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Trinad Capital, LP			
Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Avenue of the Stars, Suite 1650, Los Angeles, CA 90067			☐ General and/or
Check Box(es) that Apply:	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) David Chazen			
Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Avenue of the Stars, Suite 1650, Los Angeles, CA 90067			☐ General and/or
Check Box(es) that Apply:		☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Robert S. Ellin			
Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Avenue of the Stars, Suite 1650, Los Angeles, CA 90067			
Check Box(es) that Apply: Promoter Beneficial Owner			☐ General and/or Managing Partne
Full Name (Last name first, if individual) Jay A. Wolf			
Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Avenue of the Stars, Suite 1650, Los Angeles, CA 90067			☐ General and/or
Check Box(es) that Apply:	☐ Executive Officer	☑ Director	General and/or Managing Partne
Full Name (Last name first, if individual) Barry Regenstein			
Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Avenue of the Stars, Suite 1650, Los Angeles, CA 90067			☐ General and/or
Check Box(es) that Apply:	☐ Executive Officer	Director	General and/or Managing Partn
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Executive Officer	☐ Director	General and/or Managing Parti
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMATI	ON ABOU	OFFERIN	G				Yes N
	:	or does the i	ssuer intend	to sell, to n	on-accredite	ed investors i	n this offering	g?	•••••			🗖 🛭
1. Has the	issuer solu,	or does are r	SSUCE INCOME	Answer also	in Appendix	ς Column 2,	if filing unde	er ULOE.				
			, d lliu toda t	e accented f	from any inc	lividual?					\$ <u>n</u>	o minimu
2. What is	 What is the minimum investment that will be accepted from any individual?										🖾 [
						1 . 1	inom dir	eatly or indu	ectiv anv (COMMINISSIO	11 ()1	
similar to be li	remiinerati	sociated per	son or age	ent of a bro	oker or de	aler registere ersons to be	1 1.1. 41	rities in the SEC and/or associated p	, unth a c	tate or su	ales.	
	(Last name fi	rst, if individ	iual)									
Nextrend	Residence A	ddress (Nur	nher and St	reet, City, St	tate, Zip Co	de)						
251 W. Re	nner Parkw	ay, Suite 200), Richards	son, TX 750	080							
Name of A	ssociated Bro	ker or Deale	er									
	hich Person	Listed Hos S	Colicited or	Intends to So	olicit Purcha	asers						
							DEI					☐ All Sta
(Chec	k "All States" [AK]	or check in [AZ]	[AK]	[CA]	[CO] A	[CT] [ME]	[DE] [MD]	[DC] X [MA]	[FL] X [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ] X	[LA] [NM]	[NY] X	[NC]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[]			
Full Name	(Last name	first, if indiv	idual)							_		
Business (or Residence	Address (Nu	mber and S	Street, City, S	State, Zip C	ode)						
Name of	Associated B	roker or Dea	ler									
0: 1: 1: 1	Which Persor	Licted Has	Solicited or	r Intends to S	Solicit Purch	nasers						
States in	Which Feisor	- U check	individual S	States)			***************************************	IDC1				
(Che [AL]	[AK]	[AZ]	[AK]	[CA]	լեսյ	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[MS]	[MO]
[IL] [MT	[IN]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[NY]	[NC]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[,,,]			
Full Nam	e (Last name	first, if indi	vidual)									
Duciness	or Residence	Address (N	umber and	Street, City,	State, Zip (Code)						
											·	
Name of	Associated I	Broker or De	aler									
States in	Which Perso	n Listed Ha	s Solicited o	or Intends to	Solicit Puro	chasers					_	
								ma		[GA1	[HI]	□ Ali : [ID]
[AI	.] [AK]	[AZ]	[AK]	[CA]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[MS]	[MO]
[IL] [M		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[NM]	[NY]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[RI		[SD]	[TN]	[XT]	[UT]	[TV]	[17]	[]				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF		· · · · · · · · · · · · · · · · · · ·			
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate ffering Price	A	Amo	unt Alread Sold
	Type of Security			\$		
	Debt			\$		
	Equity	Ψ		_		
	☐ Common ☐ Preferred	\$		\$_		
	Convertible Securities (including warrants)	\$		\$		
	Partnership Interests	¢_	10,000,000	\$,800,000
	Other (Specify) Units, consisting of common stock and warrants to purchase common stock	<u>₽</u> _	10,000,000	\$_ \$_		,800,000
	Total	<u>»</u>	10,000,000	. Ф		4,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors	•	Do o	Aggregate illar Amou f Purchase:
	Accredited Investors	_	15	_		<u>2,800,000</u>
	Non-accredited Investors	_		_ \$_		
	Total (for filings under Rule 504 only)	_		_ \$.		
	Answer also in Appendix, Column 4, if filing under ULOE.					
3	If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of Security		D	ollar Amoı Sold
	Type of Offering N/A		Scourty	¢	1	
	Rule 505	-		_ *	, ,	
	Regulation A	-		– դ	`	
	Rule 504	-		_ 1	<u> </u>	
	Total	-		\$	-	
,	4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_			
	Transfer Agent's Fees			:	\$	2,500
	Printing and Engraving Costs				\$	
	Legal Fees		\boxtimes		\$	35,000
	Accounting Fees				\$	
	Engineering Fees				\$	
	Sales Commissions (specify finders' fees separately)				\$	
	Other Expenses (identify)				\$	
	Other Expenses (identity)		\boxtimes		\$_	37,500
	Total					
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$_	2,762,5
	proceeds to the issuer.				SEC	C 19 <mark>72 (</mark> 7

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross pof the purposes shown. If the amount for any puto the left of the estimate. The total of the payr issuer set forth in response to Part C - Question 4	ments listed must equal the adjusted gross proc	ed for each ack the box eeds to the	Payments to Officers,			
			Directors, & Affiliates	Payments To Others		
			\$	_ 🗆 \$		
Salaries and fees			\$	_ 🗆 \$		
Purchase of real estate	S-achinesy and equipment		\$	_ 🗆 \$		
Purchase, rental or leasing and installation o	A Carillaine		\$	_ 🗆 \$		
Construction or leasing of plant buildings ar	and facinities	at				
Acquisition of other businesses (including the used in exchange for the assets or se	the value of securities involved in this offering the ecurities of another issuer pursuant to a merger).		¢	_ 🗆 \$		
			\$ \$			
Repayment of indebtedness		⊔		⊠ \$ <u>2,762,500</u>		
Working capital	suer (Print or Type) Iediavest, Inc.					
Other (specify):		🗆	\$	_ 🗆 \$		
			\$	_ 🗆 \$		
				57 ¢ 2.762.500		
Column Totals			\$	 -		
Total Payments Listed (column totals adde	cd)		L \$	2,762,500		
	D. FEDERAL SIGNATURE					
- to be	signed by the undersigned duly authorized	person. It	f this notice is filed	d under Rule 505, t		
following signature constitutes an undertaking quest of its staff, the information furnished by the	by the issuer to furnish to the U.S. Secu issuer to any non-accredited investor pursuant to	irities and paragraph	(b)(2) of Rule 502.	sion, upon written		
	· · · · · · · · · · · · · · · · · · ·	Date	e .			
Mediavest, Inc.	1 2	\supseteq	10/10/06			
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
JAY WOLF	(FO					
	ATTENTION			10 TI C C 1001		
Intentional misstatements or omiss	sions of fact constitute federal cri	minal vi	olations. (See	18 U.S.C. 1001.		
Intentional masses						

E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No □ ⊠
See Appendix, Column 5, for state response.	- 44 CDD

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden o establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

authorized person.		I Date
Issuer (Print or Type) Mediavest, Inc.	Signature	Date 10/10/06
Name of Signer (Print or Type) TAY WOLF	Title (Print or Type)	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed printed signatures.

SEC 1972 (7.

1	Intend to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL							ļ		
AK							<u> </u>		
AZ							<u> </u>		
AR									
CA								 	-
СО		X	Units (Common Stock/Warrant)	1	\$50,000			 	-
СТ								 	
DE								_	
DC		X	Units (Common Stock/Warrant)	1	\$50,000			 	
FL		X	Units (Common Stock/Warrant)	1	\$50,000		 		
GA							_		
н									
ID									-
IL									
IN									-
IA									
KS									
KY									
LA									
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			3	APPENDI	X		2.26		
1	Intend to non-a	2	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									ļ
NE	ļ								ļ
NV									<u> </u>
NH									<u> </u>
NJ		X	Units (Common Stock/Warrant)	2	\$150,000				<u> </u>
NM	 							<u> </u>	ļ
NY		X	Units (Common Stock/Warrant)	10	\$2,500,000		ļ		<u> </u>
NC							-	ļ	
ND							<u> </u>	ļ	
ОН	1							ļ	
ОК								<u> </u>	
OR									
PA									
RI	 								_
SC									
SD									
TN							_	-	
TX									
UT									_
VT		-							
VA									_
WA	1								
W	/								
W	ı				_				
w	Y								
	$\neg + \neg \neg$				1	1		1	