## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 02, 2005 8:00 am Secretary of State

ANNOAL KLFOKT					Secretar	y or sta	
DOCUMENT # F02000003678  1. Entity Name MCGRAW COMMUNICATIONS, INC.					03-02-2005 90087 027 ***150.00		
Principal Place of Business 'Mailing Address					\	カムつん	116
228 EAST 45TH STREET		228 EAST 45TH STREET			<u> </u>	002/7	127
12TH FLOOR NEW YORK, NY 10017		12TH FLOOR New York, NY 10017			ı	· 🔨	
The foliage is 10017						- 10 M	
2. Principal Place of Business		3. Mailing Address				- 1 <u>F</u>	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- 0 2 0 0 0 0 3 6 7 8 01242005 Chg-P CR2E034 (10/03)		
City & State		City & State			4. FEI Number Applied For		
					13-3896087	Not /	Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additi	ional
~ <del></del>	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Regis		
				Name			
TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN ST.			l s	Street Address (P.O. Box Number is Not Acceptable)			
	SSEE, FL 32301						
•	•						
		•	C	City		FL Zip Code	
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	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R	egistered Age	ent signature required	when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees							
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS (	N 11
title Namé	DP AHEARN, FRANCIS X	☐ Delete	TITLE NAMÉ		tor & CEO	Change	Addition
STREET ADDRESS	·		STREET AC		is X. Ahearn		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-	ZIP			
_TITLE	DVP	☐ Delete	TITLE			☐ Change	Addition
NAME :	MONAGHAN, JAY		NAME				
STREET ADDRESS CITY-ST-ZIP	228 EAST 45TH STREET NEW YORK, NY 10017		STREET AD	ı	,		
TITLE	CFO	☐ Delete	TITLE	Direct	tor & President	Z Change	Addition Addition
NAME	CUNNINGHAM, JOHN	<u> </u>	NAME	<b>b</b>	Cunningham		
STREET ADDRESS	228 EAST 45TH STREET		STREET AD CITY-ST-2				
TITLE	NEW YORK, NY 10017	□ Delete	TITLE		& CFO	Z Change	Addition
NAME	DUNN, BARBARA	→ Delete	NAME	1	ara Dunn	<b>∠</b> I Criange	ADSILION
STREET ADDRESS	228 EAST 45TH STREET		STREET AD	4			
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-7	ZIP	· ·		
TITLE	e de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp	☐ Delete	TITLE	] _		☐ Change	Addition .
NAME STREET ADDRESS	Automorphic Commencer	in the state of th	NAME Street ad	DORESS .	1		
CITY-ST-ZIP		The state of the s	CITY-ST-2	1	· · · · · · · · · · · · · · · · · · ·		
TITLE			-TITLE			Change	Addition
NAME	The transfer of the transfer o	dia Tanana Garan	NAME		: , 1°dr 	o#	
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-2	į.			
	ertify that the information supplied with	this filling does not qualify for th			ction 119 07(3)(i) Florida Statutes   furth	er certify that the info	rmation

a. Thereby certify that the information supplied with this limit does not qualify for the exemption stated in section 119.07(3)(i). 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PO 463/05 2/2
Date Springs