


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90009 001 ***550.00

DOCUMENT # <u>FD2000003678</u>	
1. Entity Name McGraw Communications, Inc.	

DO NOT WRITE IN THIS SPACE

20070450

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 228 East 45th Street Floor 12		3. Mailing Address 228 East 45th Street Floor 12	
Suite, Apt. #, etc. Floor 12		Suite, Apt. #, etc. Floor 12	
City & State New York, NY 10017		City & State New York, NY 10017	
Zip 10017	Country	Zip 10017	Country

4. FEI Number 13-3896087	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Telecom Compliance Services, Inc	
Street Address (P.O. Box Number is Not Acceptable)	
515 East Park Ave	
City Tallahassee	Zip Code FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Cunningham 228 East 45th Street Floor 12 New York, NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> Jay Monaghan 228 East 45th St. Floor 12 New York, NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CFO/COO</i> Barbara Dunn 228 East 45th St. New York, NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO</i> Francis X. Ahearn 228 East 45th St New York, NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with or without other like empowered.

SIGNATURE: 	Date: <i>5/14/06</i>	Daytime Phone #: <i>212 845 2277</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)