


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003678

1. Entity Name
MCGRAW COMMUNICATIONS, INC.



Principal Place of Business Mailing Address

228 E 45TH ST FLR 12 228 E 45TH ST FLR 12
NEW YORK, NY 10017 NEW YORK, NY 10017

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
13-3896087 Not Applicable

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

6. Name and Address of Current Registered Agent

TELECOM COMPLIANCE SERVICES, INC
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**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 _____ (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

U00000753489
05/22/07-80024-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO AHEARN, FRANCIS X 228 EAST 45TH STREET NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MONAGHAN, JAY 228 EAST 45TH STREET NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CUNNINGHAM, JOHN 228 EAST 45TH STREET NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DUNN, BARBARA 228 EAST 45TH STREET NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DUNN, BARBARA 228 EAST 45TH STREET NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **4/27/07 212845-2277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #