


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90091 036 ***150.00

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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4000J000



04172008 Chg-P CR2E034 (12/06)

4. FEI Number
13-3896087 Applied For
 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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DCEO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AHEARN, FRANCIS X		NAME	
STREET ADDRESS 228 EAST 45TH STREET		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 10017		CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONAGHAN, JAY		NAME	
STREET ADDRESS 228 EAST 45TH STREET		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 10017		CITY-ST-ZIP	
TITLE D/P	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUNNINGHAM, JOHN		NAME	
STREET ADDRESS 228 EAST 45TH STREET		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 10017		CITY-ST-ZIP	
TITLE COO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUNN, BARBARA		NAME	
STREET ADDRESS 228 EAST 45TH STREET		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 10017		CITY-ST-ZIP	
TITLE CFO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUNN, BARBARA		NAME	
STREET ADDRESS 228 EAST 45TH STREET		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 10017		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **4/29/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #