2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # F96000003659

1. Entity Name
THE COMMUNICATIONS CENTER (D.C.), INC.

Principal Place of Business	Mailing Address
2525 DRANE FIELD RD. STE 15 LAKELAND, FL 33811 US	1350 CONNECTICUT AVE #1102 WASHINGTON, DC 20036 US

02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1500283
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS

TITLE	DCPT
NAME	CLINTON, WALTER D
STREET ADDRESS	2101 CONNECTICUT AVE. NW, #4
CITY-ST-ZIP	WASHINGTON, DC 20008
TITLE	DVS
NAME	CLINTON, GERALDINE
STREET ADDRESS	2101 CONNECTICUT AVE. NW, #4
CITY-ST-ZIP	WASHINGTON, DC 20008
TITLE	P
NAME	SCHLEIFER, ROBERT
STREET ADDRESS	11121 INDIAN OAKS DR.
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	V
NAME	ZUPPAS, STEPHEN S
STREET ADDRESS	16509 GRAND VISTA DR.
CITY-ST-ZIP	DERWOOD, MD 20855
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/07-80035-019 150.00

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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: Stephen S Zuppas STEPHEN S. ZUPPAS 2/8/07 202-223-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #