

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854870

FILED
Apr 02, 2009
Secretary of State

Entity Name: SOUTHERN BUSINESS COMMUNICATIONS, INC.

Current Principal Place of Business:

3170 REPS MILLER RD
SUITE 190
NORCROSS, GA 30071

New Principal Place of Business:

Current Mailing Address:

3170 REPS MILLER RD.
SUITE 190
NORCROSS, GA 30071

New Mailing Address:

FEI Number: 58-1428621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 32334 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D&P () Delete
Name: BOYLAN, DANIEL G
Address: 3170 REPS MILLER RD.
City-St-Zip: NORCROSS, GA 30071

Title: VP&S () Delete
Name: PAINE, LAWRENCE
Address: PO BOX 253478
City-St-Zip: TAMPA, FL 336883478

Title: C () Delete
Name: MICHAEL, SHEA
Address: PO BOX 253478
City-St-Zip: TAMPA, FL 336883478

Title: CFO (X) Delete
Name: CHARLES, SMITH
Address: 3170 REPS MILLER RD.
City-St-Zip: NORCROSS, GA 30071

Title: VAS () Delete
Name: C. MICHAEL, MOORE
Address: PO BOX 253478
City-St-Zip: TAMPA, FL 336883478

Title: AS () Delete
Name: HAGAN, CHRISTOPHER J
Address: PO BOX 253478
City-St-Zip: TAMPA, FL 336883478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE PAINE

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04/02/2009

Electronic Signature of Signing Officer or Director

Date