2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 257095

Entity Name: COMMUNI-CATIONS NETWORK, INC.

Current Principal Place of Business:

% J. PENDLETON GAINES
1405 DOLIVE DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

% J. PENDLETON GAINES
1405 DOLIVE DRIVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-1310179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAINES,J. PENDLETON
1405 DOLIVE DR.
ORLANDO, FL 32803 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:	PD	( ) Delete
Name:	GAINES, J. PENDLETON,	
Address:	1405 DOLIVE DRIVE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	SD	( ) Delete
Name:	GAINES, STELLA D.,	
Address:	1405 DOLIVE DRIVE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VD	( ) Delete
Name:	GAINES, PATRICIA A.,	
Address:	500 RUBY	
City-St-Zip:	ORLANDO, FL 32804	
Title:	VD	( ) Delete
Name:	POPE, PAMELA,	
Address:	4237 WINDERLAKE DR.	
City-St-Zip:	ORLANDO, FL 32804	
Title:	VD	( ) Delete
Name:	GAINES, DAVIS,	
Address:	6628 LAKERIDGE RD.	
City-St-Zip:	LOS ANGELES, CA 90068	

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:	
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: J.PENDLETON GAINES PRES 03/19/2009

Electronic Signature of Signing Officer or Director — Date