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Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90142 010 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 384830

1. Entity Name
AUSTIN COMMUNICATIONS EDUCATION SERVICES, INC.

Principal Place of Business	Mailing Address
2937 LANDMARK WAY PALM HARBOR, FL 34684 US	2937 LANDMARK WAY PALM HARBOR, FL 34684 US

40052141

2. Principal Place of Business	3. Mailing Address
	2555 ENTERPRISE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 10
City & State	City & State CLEARWATER, FL
Zip / Country	Zip 33763 / Country

02172005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1596934 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUSTIN, ROBERT F. 1340 GULF BLVD SUITE 18-C CLEARWATER, FL 34630	Name JOHN S. TSAGARIS Street Address (P.O. Box Number is Not Acceptable) 2555 ENTERPRISE RD #10 City CLEARWATER FL Zip Code 33759

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] 2/18/05
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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD AUSTIN, ROBERT F 2937 LANDMARK WAY PALM HARBOR, FL 34684 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1403 ROUNDHOUSE LANE ALEXANDRIA, VA 22314
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS AUSTIN, JOAN M 2937 LANDMARK WAY PALM HARBOR, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1403 ROUNDHOUSE LANE ALEXANDRIA, VA 22314
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] X 2/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #