2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 443098

FILED May 01, 2009 Secretary of State

Entity Name: SEBASTIAN COMMUNICATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	OR DRIVE ISLAND, FL 3	32952		
Current Mailing Address:		New Mailing Address:		
	OR DRIVE ISLAND, FL 3	32952		
El Number	: 59-1517135	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
205 PALM	.L, CARL E ETTO AVE #2 ISLAND, FL 3			
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	named entity of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the բ	ourpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. * RE:	submits this statement for the particles of Registered Ago		d office or registered agent, or both, Date
n the State SIGNATUI n accordan	e of Florida. RE: Electrol ce with s. 607.19	nic Signature of Registered Ago	ent	
n the State SIGNATUI n accordan Election Cal	e of Florida. RE: Electrol ce with s. 607.19	nic Signature of Registered Ago 93(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ent of receive the prior notice.	
n the State SIGNATUI n accordan Election Cal	e of Florida. RE: Electrol ce with s. 607.19 mpaign Financin S AND DIREC	nic Signature of Registered Ago 03(2)(b), F.S., the corporation did no g Trust Fund Contribution (). CTORS:) Delete RANK EVEN DR.	ent of receive the prior notice.	Date
n the State SIGNATUI n accordant Election Car DFFICER Title: Jame: Address:	Electron Ce with s. 607.19 mpaign Financin S AND DIRECT PST (CAMPBELL, FI 1360 GLEN HAMERRITT ISLA	nic Signature of Registered Age 33(2)(b), F.S., the corporation did no g Trust Fund Contribution (). CTORS:) Delete RANK NVEN DR. UND, FL) Delete RANK VEN DR.	ent of receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: FRANK CAMBELL PRES 05/01/2009