

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 854870

FILED  
Apr 11, 2008  
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

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

Title: VAS ( ) Delete  
Name: JOHNSON, TODD S  
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:

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

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

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: BASIL HALL

ACCT

04/11/2008

Electronic Signature of Signing Officer or Director

Date