2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005810

MICHON, JOHN

HAMILTON, VA

585 CURRY SPRINGS PLACE

Name:

Address: City-St-Zip:

FILED Mar 24, 2004 Secretary of State

Entity Name: CAMPUS COMMUNICATIONS GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 7077 BANNERAL RD. 7077 BONNEVAL RD. SUITE 600 SUITE 600 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** PO BOX 551326 JACKSONVILLE, FL 322551326 FEI Number: 54-2052621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WYATT, DON WYATT, DON 2601 S KERNAN BLVD 3601 S KERNAN BLVD APT 2511 PENTHOUSE JACKSONVILLE, FL 32244 US JACKSONVILLE, FL 32224 US 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: DON WYATT 03/24/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition WYATT, DON Name: Name: 7077 BONNEVAL RD Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: DAMIANI, DAVID Name: 604 CAMERON STREET Address: Address: ALEXANDRIA, VA City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MOORE, CHARLES Name: Name: 604 CAMERON STREET Address: Address: City-St-Zip: ALEXANDRIA, VA City-St-Zip: Title: CD () Delete Title: () Change () Addition BRIDGE, EDWARD Name: Name: Address: 604 CAMERON STREET Address: City-St-Zip: ALEXANDRIA, VA City-St-Zip: Title: Title: () Delete

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DON WYATT CEO 03/24/2004

() Change () Addition