

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005810

FILED
Apr 13, 2009
Secretary of State

Entity Name: CAMPUS COMMUNICATIONS GROUP, INC.

Current Principal Place of Business:

125 W. CHURCH STREET
STE 100
CHAMPAIGN, IL 61820

New Principal Place of Business:

Current Mailing Address:

PO BOX 85
CHAMPAIGN, IL 61824

New Mailing Address:

FEI Number: 54-2052621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD. INC
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: SCIFRES, MARK A
Address: 125 W. CHURCH ST. STE. 100
City-St-Zip: CHAMPAIGN, IL 61820

Title: S () Delete
Name: ELLIS, ANGELA
Address: 125 W. CHURCH ST. STE. 100
City-St-Zip: CHAMPAIGN, IL 61820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CONT (X) Change () Addition
Name: ELLIS, ANGELA
Address: 125 W. CHURCH ST. STE. 100
City-St-Zip: CHAMPAIGN, IL 61820

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: ANGELA ELLIS

CONT

04/13/2009

Electronic Signature of Signing Officer or Director

Date