2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# F03000005144

Entity Name: SENTINEL COMMUNICATIONS OF MUNCIE INDIANA INC.

Current Principal Place of Business:

5619 DTC PARKWAY
SUITE 800
GREENWOOD VILLAGE, CO 80111

New Principal Place of Business:

Current Mailing Address:

5619 DTC PARKWAY
SUITE 800
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

FEI Number: 35-1271702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEOD ( ) Delete
Name: SCHLEYER, WILLIAM T
Address: 5619 DTC PKWY STE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: PD ( ) Delete
Name: COOPER, RON
Address: 5619 DTC PKWY STE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: EVPS ( ) Delete
Name: SONNENBERG, BRAD
Address: 5619 DTC PKWY STE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: EVPT ( ) Delete
Name: WITTMAN, VANESSA
Address: 5619 DTC PKWY STE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VPAS ( ) Delete
Name: ZEREFOS, JAMES
Address: 5619 DTC PKWY STE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: AS (X) Delete
Name: WATERMAN, KATHY L
Address: 5619 DTC PKWY STE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES ZEREFOS VPAS 01/06/2006

Electronic Signature of Signing Officer or Director — Date