2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003087

Entity Name: ITC FINANCIAL LICENSES, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5671 PRINCETON AVENUE, SUITE 100 COLUMBUS, GA 31904 ÚS **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 826 FORTSON, GA 31808 US FEI Number: 20-0901196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: PRFS (X) Change () Addition Name: SMITH, M. BROOKS Name: SMITH, M. BROOKS 250 WILLIAMS STREET 250 WILLIAMS STREET Address: Address: City-St-Zip: ATLANTA, GA 30303 City-St-Zip: ATLANTA, GA 30303 Title: STD Title: () Delete (X) Change () Addition Name: KNIGHT, TIMOTHY B Name: GRAVES, PHIL B 1756 TURNER POINT 250 WILLIAMS STREET, M-100 Address: Address: DADEVILLE, AL 36853 City-St-Zip: City-St-Zip: ATLANTA, GA 30303 Title: Title: (X) Change () Addition () Delete COO ROLLING, RONALD B ROLLING, RONALD B Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: M. BROOKS SMITH **PRES** 03/11/2009

5617 PRINCETON AVENUE, SUITE 100

() Delete

COLUMBUS, GA 31904 US

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

5617 PRINCETON AVENUE, SUITE 100

() Change (X) Addition

COLUMBUS, GA 31904 US

MALONEY, JACK

250 WILLIAMS STREET

ATLANTA, GA 30303

CFO