

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007307

FILED
Apr 22, 2009
Secretary of State

Entity Name: VOZSIP CORP.

Current Principal Place of Business:

445 HAMILTON AVENUE, SUITE 408
WHITE PLAINS, NY 10601

New Principal Place of Business:

445 HAMILTON AVENUE
SUITE 408
WHITE PLAINS, NY 10601 US

Current Mailing Address:

3100 CUMBERLAND BOULEVARD
SUITE 900
ATLANTA, GA 30339 US

New Mailing Address:

FEI Number: 20-3745654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFO, KEVIN
13275 W. COLONIAL DRIVE, CORDIA CORP
WINTER GARDEN, FL 34787 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: CP () Delete
Name: DUPRE, JOEL
Address: 445 HAMILTON AVENUE, SUITE 408
City-St-Zip: WHITE PLAINS, NY 10601

Title: S () Delete
Name: MINELLA, WESLY
Address: 445 HAMILTON AVENUE, SUITE 408
City-St-Zip: WHITE PLAINS, NY 10601

Title: T () Delete
Name: GANDOLFO, VERRA
Address: 445 HAMILTON AVE STE 408
City-St-Zip: WHITE PLAINS, NY 10601

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUPRE, JOEL
Address: 445 HAMILTON AVENUE, SUITE 408
City-St-Zip: WHITE PLAINS, NY 10601

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

Title: T (X) Change () Addition
Name: GANDOLFO, VERRA
Address: 445 HAMILTON AVENUE SUITE 408
City-St-Zip: WHITE PLAINS, NY 10601

Title: DCOB () Change (X) Addition
Name: DUPRE, JOEL
Address: 445 HAMILTON AVENUE, SUITE 408
City-St-Zip: WHITE PLAINS, NY 10601 US

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: SUSAN DUGGAN - ATTORNEY IN FACT

AIF

04/22/2009

Electronic Signature of Signing Officer or Director

Date