

2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/11/2008-90003-006-\$550.00-\$550.00

DOCUMENT # F06000005024 1. Entity Name VENICOM, INC.						FILED 08 SEP 26 AM 10: 05 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 14650A N. 78TH WAY SCOTTSDALE, AZ 85260				Mailing Address 14650A N. 78TH WAY SCOTTSDALE, AZ 85260			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 86-0986660				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KERL, DOUG 2300 W. SAMPLE RD SUITE 302 POMPANO BEACH, FL 33073				7. Name and Address of New Registered Agent Name Doug Kerl Street Address (P.O. Box Number is Not Acceptable) 500 Fairway Deerfield Beach City FL Zip Code 33441			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Heather Wiener</i></u> (NOTE: Registered Agent signature required when renewing) DATE <u>9-10-2008</u>							
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSC GOBLE, ROBERT 14650A N. 78TH WAY SCOTTSDALE, AZ 85260			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other [] empowered.							
SIGNATURE: <u><i>Robert Goble</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <u>9-22-08</u> DAYTIME PHONE: <u>602-277-0000</u>			