


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90048 045 \*\*\*158.75

<b>DOCUMENT # F07000005548</b> 1. Entity Name <b>J2 GLOBAL COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>6922 HOLLYWOOD BLVD 5TH FLOOR LOS ANGELES, CA 90028</b>			Mailing Address <b>6922 HOLLYWOOD BLVD 5TH FLOOR LOS ANGELES, CA 90028</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>51-0371142</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>RESSLER, RICHARD</b> <b>6922 HOLLYWOOD BLVD 5TH FLOOR</b> <b>LOS ANGELES, CA 90028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>John Rieley</b> <b>6922 Hollywood Blvd. 5th Floor</b> <b>Los Angeles, CA 90028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRESCI, ROBERT</b> <b>6922 HOLLYWOOD BLVD 5TH FLOOR</b> <b>LOS ANGELES, CA 90028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Douglas Bech</b> <b>6922 Hollywood Blvd. 5th Floor</b> <b>Los Angeles, CA 90028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHULHOF, MICHAEL</b> <b>6922 HOLLYWOOD BLVD 5TH FLOOR</b> <b>LOS ANGELES, CA 90028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Stephan Ross</b> <b>6922 Hollywood Blvd. 5th Floor</b> <b>Los Angeles, CA 90028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TURICCI, R. SCOTT</b> <b>6922 HOLLYWOOD BLVD 5TH FLOOR</b> <b>LOS ANGELES, CA 90028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Brian Kretzmer</b> <b>6922 Hollywood Blvd. 5th Floor</b> <b>Los Angeles, CA 90028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZUCKER, NEHEMIA</b> <b>6922 HOLLYWOOD BLVD 5TH FLOOR</b> <b>LOS ANGELES, CA 90028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Kathleen Griggs</b> <b>6922 Hollywood Blvd. 5th Floor</b> <b>Los Angeles, CA 90028</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ADELMAN, JEFFREY D</b> <b>6922 HOLLYWOOD BLVD 5TH FLOOR</b> <b>LOS ANGELES, CA 90028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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 like empowered.					
<b>SIGNATURE:</b> _____			Date _____ Daytime Phone # <b>323-860-9221</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					