

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000002666

1. Entity Name
**TRANS NATIONAL COMMUNICATIONS INTERNATIONAL,
INC.**



Principal Place of Business
**2 CHARLES GATE WEST
BOSTON, MA 02215**

Mailing Address
**C/O TCS SUSAN DUGGAN
3100 CUMBERLAND BLVD, SUITE 900
ATLANTA, GA 30339**



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3284489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

000000933937
05/23/08-80012-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TWOMEY, BRIAN
STREET ADDRESS	2 CHARLES GATE WEST
CITY-ST-ZIP	BOSTON, MA 02215
TITLE	T
NAME	WEIDLEIN, WILLIAM B
STREET ADDRESS	2 CHARLES GATE WEST
CITY-ST-ZIP	BOSTON, MA 02215
TITLE	S
NAME	RASKIND, MARCY
STREET ADDRESS	2 CHARLES GATE WEST
CITY-ST-ZIP	BOSTON, MA 02215
TITLE	D
NAME	BELKIN, STEVEN B
STREET ADDRESS	2 CHARLES GATE WEST
CITY-ST-ZIP	BOSTON, MA 02215
TITLE	D
NAME	BELKIN, JOAN
STREET ADDRESS	2 CHARLES GATE WEST
CITY-ST-ZIP	BOSTON, MA 02215
TITLE	D
NAME	WEIDLEIN, WILLIAM B
STREET ADDRESS	2 CHARLES GATE WEST
CITY-ST-ZIP	BOSTON, MA 02215

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Marcy S Raskind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08
Date

617-638-3320
Daytime Phone #