2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003385

Entity Name: AMERIVISION COMMUNICATIONS, INC.

FILED Feb 13, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
201 NW 63RD STREET SUITE 315 OKLAHOMA CITY, OK 73116				999 WATERSIDE DRIVE SUITE 1910 NORFOLK, VA 23510				
Current Mailing Address:				New Mailing Address:				
201 NW 63RD STREET SUITE 315 OKLAHOMA CITY, OK 73116				999 WATERSIDE DRIVE SUITE 1910 NORFOLK, VA 23510				
FEI Number:	73-1378798	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificat	e 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 US								
The above r in the State		submits this statement for the pu	rpose o	f changing it	ts registered o	ffice or re	egistered agent, or both,	
SIGNATUR	E:							
	Electro	nic Signature of Registered Agen	t				Date	
Election Cam	paign Financir	ng Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	HALLIDAY, ST 201 NW 63RE) Delete TEPHEN D O STREET, SUITE 315 CITY, OK 73116		Title: Name: Address: City-St-Zip:	PSD (X) HALLIDAY, STE 999 WATERSIE NORFOLK, VA	E DRIVE,		
Title: Name: Address: City-St-Zip:	WOODLEY, L 201 NW 63RE) Delete ONI L) STREET, SUITE 315 CITY, OK 73116		Title: Name: Address: City-St-Zip:	TCFO (X) WOODLEY, LO 999 WATERSIE NORFOLK, VA	E DRIVE,		
Title: Name: Address: City-St-Zip:	SEKULOW, JA 1000 REGENT) Delete AY FUNIVERSITY DR CH, VA 23464		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D (WALLACE, CU 5125 VOYAGE DALLAS, TX	ER DRIVE		Title: Name: Address: City-St-Zip:	()	Change() Addition	
Title: Name: Address: City-St-Zip:	D (LOTT, DALTO P O BOX 381 ^o DUNCANVILLI	146		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address:	D (GREGORY, Ju 620 SHELBY	ST		Title: Name: Address:	()	Change () Addition	

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: LONI L. WOODLEY TCFO 02/13/2008