

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005623

FILED
Apr 18, 2010
Secretary of State

Entity Name: ACN HOLDING, INC.

Current Principal Place of Business:

BOX 1523 WINDERMERE P.O.
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

LEO FACKLER
PO BOX 1523
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3503411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FACKLER, LEO
7635 ASHLEY PARK CT
SUITE 503L
ORLANDO, FL 32835 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: PD
Name: FACKLER, LEO
Address: 7635 ASHLEY PARK CT, STE 503L
City-St-Zip: ORLANDO, FL 32835

Title: DST
Name: SPENCER, LORNA
Address: 8827 COLUMBIA 100 PARKWAY SUITE 1A
City-St-Zip: COLUMBIA, MD 21045

Title: D
Name: MENCONI, STEVEN
Address: 155 WEST GRAND AVENUE
City-St-Zip: MONTVALE, NJ 07645

Title: D
Name: FRIEDMAN, ALAN
Address: 850 7 AVE, STE 305
City-St-Zip: NEW YORK, NY 10019

Title: D
Name: MARUYAMA, JEFF
Address: 1911 NORTH FORT MYER DRIVE, SUITE 307
City-St-Zip: ARLINGTON, VA 22209

Title: D
Name: NESBIT, ELEANOR
Address: 1413 SOUTH HOWARD AVE., SUITE 201
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: LEO FACKLER

PD

04/18/2010

Electronic Signature of Signing Officer or Director

_____ Date