

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G29989

FILED
Feb 06, 2009
Secretary of State

Entity Name: COSMO COMMUNICATIONS CORPORATION

Current Principal Place of Business:

2355 HIDDEN LAKE DR
#7
NAPLES, FL 34112

Current Mailing Address:

2355 HIDDEN LAKE DR
#7
NAPLES, FL 34112

New Principal Place of Business:

6601 LYONS ROAD
BLDG. A-7
COCONUT CREEK, FL 33073 US

New Mailing Address:

6601 LYONS ROAD
BLDG. A-7
COCONUT CREEK, FL 33073 US

FEI Number: 59-2268025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAK, RALPH
2355 HIDDEN LAKE DR
#7
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

ATKINSON, GARY
6601 LYONS ROAD
BLDG. A-7
COCONUT CREEK, FL 33073 US

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: GARY ATKINSON

02/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: HORAK, PETER
Address: 2355 HIDDEN LAKE DR
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: HORAK, JEFF
Address: 2355 HIDDEN LAKE DR
City-St-Zip: NAPLES, FL 34112

Title: M () Delete
Name: COLIN, E J
Address: 2355 HIDDEN LAKE DR
City-St-Zip: NAPLES, FL 34112

Title: M (X) Delete
Name: CHU-A-KONG, T
Address: 2355 HIDDEN LAKE DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HORAK, PETER
Address: 6601 LYONS ROAD, BLDG A-7
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D (X) Change () Addition
Name: LAU, PHILIP
Address: 6601 LYONS ROAD, BLDG A-7
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Change () Addition
Name: LAU, JACKY
Address: 6601 LYONS ROAD, BLDG A-7
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILIP LAU

MR

02/06/2009

Electronic Signature of Signing Officer or Director

Date