

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J60423

FILED
Oct 29, 2008
Secretary of State

Entity Name: COMMUNICATION VENTURES, INC.

Current Principal Place of Business:

380 GOLF BROOK CIR.
#110
LONGWOOD, FL 32779 US

New Principal Place of Business:

2540 LONG IRON CT
LONGWOOD, FL 32779 US

Current Mailing Address:

PO BOX 9
15623
LONGWOOD, FL 32791 US

New Mailing Address:

PO BOX 915623
LONGWOOD, FL 32791 US

FEI Number: 59-2781242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERPE, ROBERT G
380 GOLF BROOK CIR.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HERPE, ROBERT G
2540 LONG IRON CT
LONGWOOD, FL 32779 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: ROBERT G HERPE

10/29/2008

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: D () Delete
Name: HERPE, ROBERT G
Address: 380 GOLF BROOK CIR. #110
City-St-Zip: LONGWOOD, FL 32779 US

Title: D () Delete
Name: HERPE, ESTHER
Address: 380 GOLF BROOK CIR. #110
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERPE, ROBERT G
Address: 2540 LONG IRON CT
City-St-Zip: LONGWOOD, FL 32779 US

Title: D (X) Change () Addition
Name: HERPE, ESTHER
Address: 2540 LONG IRON CT
City-St-Zip: LONGWOOD, FL 32779 US

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: ROBERT G. HERPE

PRES

10/29/2008

Electronic Signature of Signing Officer or Director

Date