

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M00000000647

FILED
Sep 26, 2005
Secretary of State

Entity Name: THE COMMUNICATION GROUP, L.C.

Current Principal Place of Business:

6433 PINE AVENUE
SANIBEL, FL 33957

New Principal Place of Business:

2416 CAPE CORAL PKY W.
CAPE CORAL, FL 33914

Current Mailing Address:

6433 PINE AVENUE
SANIBEL, FL 33957

New Mailing Address:

2416 CAPE CORAL PKY W.
CAPE CORAL, FL 33914

FEI Number: 75-2485598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAWSON, JERRY
6433 PINE AVENUE
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

CLAWSON, JERRY
2416 CAPE CORAL PKY
CAPE CORAL, FL 33914 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: JERRY CLAWSON

09/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLAWSON, JERRY
Address: 6433 PINE AVENUE
City-St-Zip: SANIBEL, FL 33957

Title: MGR () Delete
Name: CLAWSON, DONNA
Address: 6433 PINE AVENUE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLAWSON, JERRY
Address: 2416 CAPE CORAL PKY W.
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change () Addition
Name: CLAWSON, DONNA
Address: 2416 CAPE CORAL PKY W.
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JERRY CLAWSON

MGR

09/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date