2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003883

FILED Jan 20, 2005 Secretary of State

				Secretary of State
Entity Na	me: CROSS C	CITY COMMUNICATIONS, IN	C.	
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
192 SE 21 CROSS C	ST AVE SITY, FL 32628			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
PO BOX 1 CROSS C	394 CITY, FL 32628			
FEI Number	: 32-0118465	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:
192 SE 21	_, WILLIAM TEF ST AVE SITY, FL 32628			
The above	·		purpose of changing its registered	office or registered agent, or both,
The above	e named entity s e of Florida.		purpose of changing its registered	office or registered agent, or both,
The above in the State	e named entity s e of Florida. RE:			office or registered agent, or both, Date
The above in the State	e named entity s e of Florida. RE:	submits this statement for the	ent	
The above in the State	e named entity see of Florida. RE: Electron S AND DIREC	submits this statement for the ic Signature of Registered Ag TORS: Delete	ent ADDITIONS/CHANGE	Date
The above in the State SIGNATUI OFFICER: Title: Name: Address:	e named entity se of Florida. RE: Electron S AND DIREC DV () MCLEOD, JEAN 1082 SW 351 H CROSS CITY, F	submits this statement for the ic Signature of Registered Action TORS: Delete New L 32628 Delete VENUE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TERRY SUMRALL DV 01/20/2005