
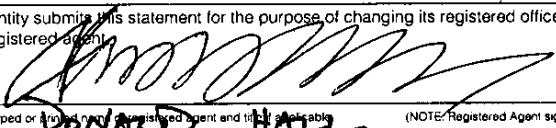
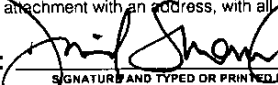


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90060 050 \*\*\*\*61.25

<b>DOCUMENT # N38307</b> 1. Entity Name <b>GET UNIFIED NOW POLITICAL ACTION COMMITTEE, INC.</b>					
Principal Place of Business <b>C/O KENNETH S. BEALL, JR.          777 S. FLAGLER DR. #500 EAST          WEST PALM BEACH, FL 33401</b>			Mailing Address <b>C/O KENNETH S. BEALL, JR.          777 S. FLAGLER DR. #500 EAST          WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0216116</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>COX, ERNEST A III          777 S. FLAGLER DRIVE          SUITE 500E          WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>DONALD HALL</b> Street Address (P.O. Box Number is Not Acceptable) <b>450 E. LAS OLAS BLVD          SUITE 1400</b> City <b>FT. LAUDERDALE</b> FL Zip Code <b>33301</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>X</b>  Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)				DATE <b>3-18-08</b>	
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRINDELL, JAMES R. 777 S FLAGLER DR #500 E WEST PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR BRIAN 777 S. FLAGLER DR #500 E WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARMODY, JOHN T., JR. 10 CENTRAL PKWY #400 STUART, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, HEIDI 450 E. LAS OLAS BLVD #1400 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALL, D 450 E. LAS OLAS BLVD SUITE 1400 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KASDIN, NEISEN 2 SOUTH BISCAYNE BLVD. #3400 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNOWDEN, DAVID 777 S. FLAGLER DRIVE SUITE 500 E WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>DAVID SNOWDEN, TREASURER</b> 3/20/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					