

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005306

FILED
Apr 14, 2009
Secretary of State

Entity Name: LIBERTY NETWORK, INC.

Current Principal Place of Business:

2221 S BLUE ANGEL PKY
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

2221 S BLUE ANGEL PKY
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-3601508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSCOMB, BUFORD
2221 S BLUE ANGEL PKY
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIPSCOMB, BUFORD
Address: 16461 INNELARITY POINT RD
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: WEAVER, JIMMY
Address: 609 DUNDEE DR.
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: SUDDUTH, WILLIAM M
Address: 339 SHANNON CT
City-St-Zip: FWB, FL 32548

Title: D () Delete
Name: SUMRALL, KEN
Address: 4901 FOREST CREEK DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: JOINER, L A
Address: 1620 SEMINOLE SANDS
City-St-Zip: VALDOSTA, GA 31604

Title: SD () Delete
Name: RICE, RON
Address: 5486 KEEL DR.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

SIGNATURE: JIMMY WEAVER

TD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date