

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000073337

**FILED**  
**Apr 15, 2009**  
**Secretary of State****Entity Name:** COMMUNICATION SUPPORT NETWORK, INC.**Current Principal Place of Business:**8813 N 15TH ST  
TAMPA, FL 33604**New Principal Place of Business:****Current Mailing Address:**1984 IOWA AVE NE  
ST PETERSBURG, FL 33703**New Mailing Address:****FEI Number:** 03-0379746**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ARMSTRONG, STEVE  
1984 IOWA AVE NE  
ST PETERSBURG, FL 33703 US**Name and Address of New Registered Agent:**ARMSTRONG, SARA G  
8813 N. 15TH STREET  
TAMPA, FL 33604 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:** SARA G. ARMSTRONG

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** ARMSTRONG, STEVE  
**Address:** 1984 IOWA AVE NE  
**City-St-Zip:** ST PETERSBURG, FL 33703**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** ARMSTRONG, SARA  
**Address:** 8813 N. 15TH STREET  
**City-St-Zip:** TAMPA, FL 33604**Title:** VP ( ) Change (X) Addition  
**Name:** ARMSTRONG, STEPHEN M  
**Address:** 8813 N. 15TH STREET  
**City-St-Zip:** TAMPA, FL 33604**Title:** VP ( ) Change (X) Addition  
**Name:** INGLE, JOHN  
**Address:** 8813 N. 15TH STREET  
**City-St-Zip:** TAMPA, FL 33604

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:** SARA G. ARMSTRONG

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date