2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# P00000073337

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, SARA G
8813 N. 15TH STREET
TAMPA, FL 33604 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: P ( ) Delete
Name: ARMSTRONG, SARA
Address: 8813 N. 15TH STREET
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete
Name: ARMSTRONG, STEPHEN M
Address: 8813 N. 15TH STREET
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete
Name: INGLE, JOHN
Address: 8813 N. 15TH STREET
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete
Name: ARMSTRONG, SARA G
Address: 1984 IOWA AVE NE
City-St-Zip: ST PETERSBURG, FL 32703

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

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

Title: TREA (X) Change ( ) Addition
Name: ARMSTRONG, SARA G
Address: 1984 IOWA AVE NE
City-St-Zip: ST PETERSBURG, FL 32703

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 ARMSTRONG PRES 05/07/2009

Electronic Signature of Signing Officer or Director — Date