

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P01000085413**

1. Entity Name  
**BLOUNT COMMUNICATIONS CORPORATION**



Principal Place of Business  
**235 SE 5TH AVE  
R  
DELRAY BEACH, FL 33483**

Mailing Address  
**235 SE 5TH AVE  
R  
DELRAY BEACH, FL 33483**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**11-3358426**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLOUNT, GREGORY JAMES  
235 SE 5TH AVE R  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000912517  
05/07/08 00004 004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BLOUNT, GREGORY JAMES  
STREET ADDRESS 235 SE 5TH AVE R  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VD  
NAME BLOUNT, GREGORY JAMES  
STREET ADDRESS 235 SE 5TH AVE R  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

5612754685

Daytime Phone #