

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100456

FILED
Feb 03, 2009
Secretary of State

Entity Name: GRANITE COMMUNICATIONS GROUP, INC.

Current Principal Place of Business:

1401 GREENBRIAR PARKWAY
SUITE 1
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

3506 TIBET DRIVE
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 59-3748967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PATE, BARBARA L
3506 TIBET DRIVE
GULF BREEZE, FL, FL 32563 US

Name and Address of New Registered Agent:

PATE, BARBARA L
3506 TIBET DRIVE
GULF BREEZE, FL 32563 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: BARBARA L PATE

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATE, BARBARA L
Address: 3506 TIBET DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: P () Delete
Name: PATE, DENNIS
Address: 3506 TIBET DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP () Delete
Name: PATE, BARBARA L
Address: 3506 TIBET DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: PATE, BARBARA L
Address: 3506 TIBET DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: S () Delete
Name: PATE, BARBARA L
Address: 3506 TIBET DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

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

SIGNATURE: BARBARA L PATE

S

02/03/2009

Electronic Signature of Signing Officer or Director

Date