2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014849

503 WILLIAMS STREET

TALLAHASSEE, FL 32303

Address: City-St-Zip:

FILED Apr 28, 2008 Secretary of State

Entity Nan	ne: CUSTO	M VIDEO CONFERENCING S	OLUTIONS INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
2700 BLAIR STONE ROAD SUITE D			SUITE 4				
	SSEE, FL 323			TALLAHASSEE, FL 32308			
Current IVI	ailing Addre	SS:	New Mail	ing Addres	5:		
P.O. BOX 1 TALLAHAS	12547 SSEE, FL 323	317					
FEI Number:	22-3893766	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	i ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
4089 BREV	LL, SONJA K VSTER ROA SSEE, FL 323	D	1402 CLÁI	FRISBIE, ELIZABETH 1402 CLAUDE PICHARD DRIVE TALLAHASSEE, FL 32308 US			
The above in the State		submits this statement for the	purpose of changing	its registere	d office or registered agent, o	or both,	
SIGNATUR	RE: ELIZABE	ETH FRISBIE		04/28/2008			
	Electro	nic Signature of Registered Ag	jent		Date		
Election Can	npaign Financii	ng Trust Fund Contribution ().					
OFFICERS	AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (STOYE, BREN 6786 WALDE TALLAHASSE	N CIR	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	S (MCDOWELL, 4089 BREWS TALLAHASSE	TER ROAD	Title: Name: Address: City-St-Zip:	S FRISBIE, EI 1402 CLAUI TALLAHASS			
Title: Name:	S (2 FRISBIE, ELIZ	X) Delete ZABETH	Title: Name:		() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: BRENDA STOYE Ρ 04/28/2008