

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114169

FILED  
Aug 30, 2008  
Secretary of State

Entity Name: FAMILYDOT COMMUNICATIONS, INC.

## Current Principal Place of Business:

5400 NW 39TH AVE  
306  
GAINESVILLE, FL 32606

## New Principal Place of Business:

1327 NE 6TH TERRACE  
GAINESVILLE, FL 32601

## Current Mailing Address:

POST OFFICE BOX 6118  
306  
GAINESVILLE, FL 32627

## New Mailing Address:

POST OFFICE BOX 6118  
GAINESVILLE, FL 32627 US

FEI Number: 52-2395508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COX, ED  
18424 SW 15TH AVE  
NEWBERRY, FL 32669 US

## Name and Address of New Registered Agent:

WARD, SAMUEL D CPD  
1327 NE 6TH TERRACE  
GAINESVILLE, FL 32601 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: SAMUEL D WARD

08/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WARD, SAMUEL D  
Address: POST OFFICE BOX 6118  
City-St-Zip: GAINESVILLE, FL 32627

Title: SD ( ) Delete  
Name: BROWN, MARCIA H  
Address: POST OFFICE BOX 5031  
City-St-Zip: GAINESVILLE, FL 32627

Title: TD ( ) Delete  
Name: COX, ED  
Address: 18424 SW 15TH AVE  
City-St-Zip: NEWBERRY, FL 32669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition  
Name: WARD, SAMUEL D  
Address: POST OFFICE BOX 6118  
City-St-Zip: GAINESVILLE, FL 32627

Title: VSD (X) Change ( ) Addition  
Name: BROWN, MARCIA H  
Address: POST OFFICE BOX 5031  
City-St-Zip: GAINESVILLE, FL 32627

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: SAMUEL D WARD

CPD

08/30/2008

Electronic Signature of Signing Officer or Director

Date