## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000154571

Entity Name: SARNOFF COMMUNICATIONS, INC.

FILED Apr 25, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:		New Principal Place of Business:	
600 GRAPETREE DR 11CS KEY BISCAYNE, FL 33149		3904 HILLANDALE COURT, NW WASHINGTON, DC 20007 US	
Current Mailing Address:		New Mailing Address:	
600 GRAPETREE DR 11CS KEY BISCAYNE, FL 33149		3904 HILLANDALE COURT, NW WASHINGTON, DC 20007 US	
FEI Number: 65-0332456	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
SARNOFF, CONCHITA 600 GRAPETREE DRIV 11CS KEY BISCAYNE, FL 33°	E		

SIGNATURE:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

Title:

Name:

PSD () Delete Title: P (X) Change () Addition SARNOFF, CONCHITA MRS.

Name: SARNOFF, CONCHITA MRS.

GO GRAPETREE DR Address: 3904 HILLANDALE COURT, NW

Address: 600 GRAPETREE DR Address: 3904 HILLANDALE COURT, NW City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: WASHINGTON, DC 20007 US

Title: VP ( ) Delete Title: V (X) Change ( ) Addition Name: SARNOFF, CRISTINA Name: SARNOFF, CRISTINA

Address: 600 GRAPETREE DR Address: 3904 HILLANDALE COURT, NW City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: WASHINGTON, DC 20007 US

Title: CFO (X) Delete Title: ( ) Change ( ) Addition Name: SARNOFF, NICHOLAS Name:

 Name:
 SARNOFF, NICHOLAS
 Name:

 Address:
 600 GRAPETREE DR
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 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: CONCHITA SARNOFF P 04/25/2007