

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093812

Entity Name: COMMX, INC.

FILED  
Aug 31, 2009  
Secretary of State

## Current Principal Place of Business:

3550 BUSCHWOOD PARK DR SUITE 320  
TAMPA, FL 336184450

## New Principal Place of Business:

## Current Mailing Address:

3550 BUSCHWOOD PARK DR SUITE 320  
TAMPA, FL 336184450

## New Mailing Address:

FEI Number: 20-1298266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILKINSON, BRUCE ESQ  
3550 BUSCHWOOD PARK DR SUITE 320  
TAMPA, FL 336184450 US

## Name and Address of New Registered Agent:

WILKINSON, BRUCE ESQ  
3550 BUSCHWOOD PARK DR SUITE 180  
TAMPA, FL 336184450 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:

08/31/2009

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: CEO ( ) Delete  
Name: VIREN, MICHAEL A PHD  
Address: 3550 BUSCHWOOD PARK DR SUITE 320  
City-St-Zip: TAMPA, FL 336184450

Title: P ( ) Delete  
Name: WILLIAMS, OSCAR J  
Address: 3550 BUSCHWOOD PARK DR SUITE 320  
City-St-Zip: TAMPA, FL 336184450

Title: S ( ) Delete  
Name: WILKINSON, BRUCE W ESQ  
Address: 3550 BUSCHWOOD PARK DR SUITE 320  
City-St-Zip: TAMPA, FL 336184450

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: WILLIAMS, OSCAR J  
Address: 3550 BUSCHWOOD PARK DR SUITE 180  
City-St-Zip: TAMPA, FL 336184450

Title: S (X) Change ( ) Addition  
Name: WILKINSON, BRUCE W ESQ  
Address: 3550 BUSCHWOOD PARK DR SUITE 180  
City-St-Zip: TAMPA, FL 336184450

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: OSCAR J WILLIAMS

CFO

08/31/2009

Electronic Signature of Signing Officer or Director

Date