2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# P06000075968

Entity Name: NEW ERA COMMUNICATIONS CORPORATION

Current Principal Place of Business:

1393 SW 1 STREET
SUITE 400
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 350751
MIAMI, FL 331350751 US

New Mailing Address:

FEI Number: 65-0388464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, HELEN A
1393 SW 1 STREET
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MURPHY, HELEN A
Address: POST OFFICE BOX 350751
City-St-Zip: MIAMI, FL 331350751 US

Title: VD ( ) Delete
Name: HUTCHINSON, NORMAN
Address: POST OFFICE BOX 350751
City-St-Zip: MIAMI, FL 331350751 US

Title: STD ( ) Delete
Name: GARCIA, ONEL
Address: POST OFFICE BOX 350751
City-St-Zip: MIAMI, FL 331350751 US

Title: D ( ) Delete
Name: GUZMAN, WENDY
Address: POST OFFICE BOX 350751
City-St-Zip: MIAMI, FL 331350751 US

Title: D ( ) Delete
Name: GOLDSTEIN, NATHAN
Address: POST OFFICE BOX 350751
City-St-Zip: MIAMI, FL 331350751 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: SARDINAS, AIMEE
Address: POST OFFICE BOX 350751
City-St-Zip: MIAMI, FL 331350751 US

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: HELEN A. MURPHY PD 01/17/2009

Electronic Signature of Signing Officer or Director Date