2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098138

Entity Name: AMERICAN COMMUNICATIONS NETWORK, INC

FILED Apr 27, 2008 Secretary of State

8480 W. HOMOSASSA TRAIL 7280 SW HWY 200 HOMOSASSA SPRINGS, FL 34447 US OCALA, FL 34476 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1324 7280 SW HWY 200 HOMOSASSA, FL 34487 US OCALA, FL 34476 US

FEI Number: 26-0866910 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:

HAMMETT FINANCIAL, P.A.

7280 SW HWY 200

OCALA, FL 34476

US

MURKERSON, SUSAN
8546 W HOMOSASSA TR
SUITE 2

USURE 2

HOMOSASSA SPRINGS, FL 34448 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: SUSAN MURKERSON 04/27/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HAMMETT, JOHN R
 Name:
 COX, BRUCE L

 Address:
 7280 SW HWY 200
 Address:
 7280 SW HWY 200

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34476

Title: CEO (X) Delete Title: () Change () Addition

 Name:
 COX, BRUCE L
 Name:

 Address:
 8480 W HOMOSASSA TRAIL
 Address:

 City-St-Zip:
 HOMOSASSA SPRINGS, FL 34447 US
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 HALL, JAN
 Name:

 Address:
 7451 COLONIAL COURT
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 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: BRUCE L. COX P 04/27/2008