2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112900

Entity Name: CHRISTMAN COMMUNICATIONS INC.

FILED Jan 25, 2008 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
825 NE FE B	DERAL HWY.						
	BEACH, FL 33	438					
Current Mailing Address:				New Mailing Address:			
	EDERAL HWY.						
B DELRAY E	BEACH, FL 33	438					
FEI Number:	: 26-1367712	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:		Name and	Address of N	New Registered Agent:	
CHRISTM	AN, LAWREN	CE J II			JR, ESTHER		
825 NE FEDÉRAL HWY. B DELRAY BEACH, FL 33438 US				5135 BEECHWOOD RD DELRAY BEACH, FL 33484 US			
The above in the State	named entity : e of Florida.	submits this statement for the p	urpose o	f changing it	ts registered o	office or registered agent, or both,	
SIGNATURE: ESTHER RIDENHOUR				01/25/2008			
	Electror	nic Signature of Registered Age	nt			Date	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () CHRISTMAN, L 825 B NE. FED DELRAY BEAC	ERAL HWY.		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () CHRISTMAN, L 825 B NE. FED DELRAY BEAC	ERAL HWY.		Title: Name: Address: City-St-Zip:	VP (X DELRAYDIO IN 5135 BEECHW DELRAY BEAC	OOD RD	
Title: Name: Address: City-St-Zip:	SEC. () CHRISTMAN, L 825 B. NE. FEI DELRAY BEAC	DERAL HWY.		Title: Name: Address: City-St-Zip:	SEC. (X ESTHER, RIDE 5135 BEECHW DELRAY BEAC	OOD RD	
Title: Name: Address: City-St-Zip:) Delete		Title: Name: Address: City-St-Zip:	* '		
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	D (DELRAYDIO IN 5135 BEECHW DELRAY BEAC	OOD RD	

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: ESTHER RIDENHOUR S 01/25/2008