

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000017486

FILED
Nov 06, 2009
Secretary of State

Entity Name: NATIONAL COMMUNICATIONS NETWORK, INC.

Current Principal Place of Business:

2525 ARTHURS CT. LN.
TALLAHASSEE, FL 32301

New Principal Place of Business:

1703 KAY AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

2525 ARTHURS CT. LN.
TALLAHASSEE, FL 32301

New Mailing Address:

1703 KAY AVE
TALLAHASSEE, FL 32301

FEI Number: 11-3837343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARD, LONNIE JR.
2525 ARTHURS CT. LN.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WARD, LONNIE JR.
1703 KAY AVE
TALLAHASSEE, FL 32301 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: LONNIE WARD JR.

11/06/2009

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: PSD () Delete
Name: WARD, LONNIE JR.
Address: 2525 ARTHURS CT. LN.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WARD, TYSHAUN L
Address: 2525 ARTHURS CT. LN.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WARD, LONNIE J
Address: 2525 ARTHURS CT. LN.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WARD, LONNIE JR.
Address: 1703 KAY AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: WARD, TYSHAUN L
Address: 1703 KAY AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: WARD, LONNIE J
Address: 1703 KAY AVE
City-St-Zip: TALLAHASSEE, FL 32301

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: LONNIE WARD JR.

PSD

11/06/2009

Electronic Signature of Signing Officer or Director

Date