

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27636

FILED
Mar 10, 2009
Secretary of State

Entity Name: JBD COMMUNICATIONS, INC.

Current Principal Place of Business:

3890 DUNN AVENUE, SUITE 804
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

3890 DUNN AVENUE, SUITE 804
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 58-1865918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAIDEN, DEBORAH L.
10172 GLENNFIELD CT
JACKSONVILLE, FL 32221 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: P () Delete
Name: MAIDEN, DEBORAH L.,
Address: 10172 GLENNFIELD CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP () Delete
Name: POSTELL, KELVIN C
Address: 6383 LAKE PLANTATION DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP () Delete
Name: RHODES, FREDDIE
Address: 1152 BERTHA ST.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC () Delete
Name: KING, MARCIUS O
Address: 4362 JIGGERMAST AVE.
City-St-Zip: JACKSONVILLE, FL 32277

Title: TREA () Delete
Name: JONES, KAREN D
Address: 2904 PLUM ORCHARD DR.
City-St-Zip: ORANGE PARK, FL 32073

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:

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: DEBORAH L. MAIDEN

Electronic Signature of Signing Officer or Director

PRES

03/10/2009

_____ Date