
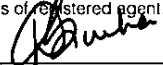
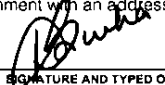


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90029 034 ***150.00

DOCUMENT # P96000075391			
1. Entity Name S D COMMUNICATIONS INC.			
Principal Place of Business 9919 STOCKBRIDGE DRIVE TAMPA, FL 33626 US		Mailing Address 9919 STOCKBRIDGE DRIVE TAMPA, FL 33626 US	
2. Principal Place of Business - No P.O. Box # % 33920 US Hwy 19 N Suite, Apt. #, etc. 290		3. Mailing Address % 33920 US Hwy 19 N Suite, Apt. #, etc. 290	
City & State Palm Harbor FL		City & State Palm Harbor FL	
Zip 34684	Country	Zip 34684	Country
6. Name and Address of Current Registered Agent SINHA, DHANANJAY 9919 STOCKBRIDGE DRIVE TAMPA, FL 33626-1841		7. Name and Address of New Registered Agent Name: Dhananjay Sinha Street Address (P.O. Box Number is Not Acceptable) % 33920 US Hwy 19 N # 290 City: Palm Harbor FL Zip Code: 34684	
8. 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE:  DATE: March 22, 07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINHA, DHANANJAY 9919 STOCKBRIDGE DRIVE TAMPA, FL 336261841 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33920 US Hwy 19 N #290 Palm Harbor FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  President		Date: March 22, 07 Daytime Phone #: 727 786 1800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40044767



03222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3426570 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required