2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 08:00 A Secretary of State DOCUMENT # P97000047943 COX ENTERPRISES GROUP, INC. Principal Place of Business Mailing Address 6123 6TH AVE SOUTH P.O. BOX 40401 ST PETERSBURG, FL 33707 ST PETERSBURG, FL 33743 04172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3449839 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COX, PHILIP DO NOT WRITE 6123 6TH AVE SOUTH ST PETE, FL 33707 IN THIS SPACE 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** , Signature, typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME COX. PHILIP D STREET ADDRESS 6123 6TH AVE SOUTH ST PETERSBURG, FL 33707 CITY-ST-ZIP UD0000737496 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

APril 20/07 727-535-5700

FILED