


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State


DOCUMENT # P98000075138

1. Entity Name
COMMUNICATIONS SOUTHEAST ENTERPRISES, INC.



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| Principal Place of Business 1133 LOUISIANA AVE STE 114 WINTER PARK, FL 32789 | Mailing Address 1133 LOUISIANA AVE STE 114 WINTER PARK, FL 32789 |
|--|--|

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3531046 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MILLER, SOUTH & DIMAS, P.A.
 2699 LEE RD, STE 120
 WINTER PARK, FL 32789**

DO NOT WRITE 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR TUDOR, JR, WILLIAM L 848 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V O'SHAUGHNESSY, TIMOTHY 1022 MCKEAN CIRCLE WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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 02/05/08-80019-022 150.00

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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: X L O'... 1/24/08 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #