2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P98000084419

Entity Name: CAPITAL PUBLISHING, INC.

Current Principal Place of Business:

5201 WEST KENNEDY BOULEVARD
SUITE 604
TAMPA, FL 33609

New Principal Place of Business:

5201 WEST KENNEDY BOULEVARD
SUITE 500
TAMPA, FL 33609

Current Mailing Address:

PO BOX 3138
SPRING HILL, FL 34611 US

New Mailing Address:

FEI Number: 59-3542878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, TOM
5201 WEST KENNEDY BOULEVARD
SUITE 604
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

ADAMS, TOM
5201 WEST KENNEDY BOULEVARD
SUITE 500
TAMPA, FL 33609 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: 04/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ADAMS, ASHLEY
Address: 5201 WEST KENNEDY BOULEVARD, SUITE 604
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete
Name: ADAMS, TOM
Address: 5201 WEST KENNEDY BOULEVARD, SUITE 604
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: ADAMS, ASHLEY
Address: 5201 WEST KENNEDY BOULEVARD, SUITE 500
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change ( ) Addition
Name: ADAMS, TOM
Address: 5201 WEST KENNEDY BOULEVARD, SUITE 500
City-St-Zip: TAMPA, FL 33609

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: TOM ADAMS VD 04/16/2009
Electronic Signature of Signing Officer or Director — Date