## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000089443

Entity Name: GULF COAST COMMUNICATIONS, INC.

FILED Apr 23, 2008 Secretary of State

| -   |   | ·                              |  |  |  |
|---|---|--------------------------------|--|--|--|
| Current P   | rincipal Place  | e of Business:                 | New Principal Place                          | New Principal Place of Business:       |  |
| 5260 MOB<br>PENSACC                               | BILE HWY<br>DLA, FL 32526   | ;                              | 34295 HWY 98<br>LILLIAN, AL 36549            |  |  |
| Current N   | lailing Addre   | ss:                            | New Mailing Addres                           | s:                                     |  |
| 34295 HIGHWAY 98<br>LILLIAN, AL 36549             |   |                                | 34295 HWY 98<br>LILLIAN, AL 36549            |  |  |
| FEI Number: 59-3548878 FEI Number Applied For ( ) |   | FEI Number Not Applicable ( )  | Certificate of Status Desired ( )            |  |  |
| Name and Address of Current Registered Agent:     |   |                                | Name and Address of New Registered Agent:    |  |  |
| 5016 SKÝI<br>PENSACC<br>The above                 | CHRISTOPHE<br>LARK COURT<br>DLA, FL 32505<br>e named entity<br>e of Florida | 5 US                           | e purpose of changing its registere          | d office or registered agent, or both, |  |
| SIGNATUI  |   |                                |  |  |  |
|   |   | nic Signature of Registered A  | gent   | Date                                   |  |
| Election Ca                                       | mpaign Financin   | g Trust Fund Contribution ( ). |  |  |  |
| OFFICERS AND DIRECTORS:                           |   |                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | PD (<br>BOVERT, CHR<br>5260 MOBILE<br>PENSACOLA,                            | HWY                            | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | VP (<br>HAYS, KELLY<br>1723 EAST JA<br>PENSACOLA,                           | CKSON ST                       | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                  |  |

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: KELLY B. HAYS VP 04/23/2008