2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P99000054091

Entity Name: TITAN COMMUNICATIONS SERVICES INC.

Current Principal Place of Business:

7006 ATLANTIC BLVD
JACKSONVILLE, FL 322118706

New Principal Place of Business:

5403 SOUTH BEND CIRCLE N.
JACKSONVILLE, FL 32207

Current Mailing Address:

7006 ATLANTIC BLVD
JACKSONVILLE, FL 322118706

New Mailing Address:

5403 SOUTH BEND CIRCLE N.
JACKSONVILLE, FL 32207

FEI Number: 59-3586457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILCOX, BRIAN
7006 ATLANTIC BLVD.
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

WILCOX, ROBYNE
5403 SOUTH BEND CIRCLE N.
JACKSONVILLE, FL 32207 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: ROBYNE K. WILCOX 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: WILCOX, BRIAN
Address: 5403 SOUTHBEND CIR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVPS (X) Delete
Name: WILCOX, ROBYNE
Address: 5403 SOUTHBEND CIR.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: WILCOX, ROBYNE
Address: 5403 SOUTH BEND CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBYNE K. WILCOX DPT 04/30/2009
Electronic Signature of Signing Officer or Director Date