

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90039 034 \*\*\*158.75

<b>DOCUMENT # S03729</b> 1. Entity Name <b>PALM BEACH COUNTY COMMUNICATIONS COMPANY</b>					
Principal Place of Business <b>1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ECCLESTONE, E. LLWYD, JR. 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ECCLESTONE, E. LLWYD, JR 1555 PALM BCH LAKES BLVD W. PALM BEACH, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ECCLESTONE, E, L, III 1555 PALM BCH LKS BLVD W PALM BEACH, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT COOPER, RON 1555 PALM BCH LKS BLVD W PALM BEACH, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V/D HELENA LEYENDECKER 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GAMMON, NANNETTE 1555 PALM BCH LKS BLVD W PALM BEACH, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S/T NANNETTE GAMMON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>Nannette Gammon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>NANNETTE GAMMON</b> Date <u>2/22/08</u> Daytime Phone # _____		