2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

史, "

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT #837663** 04-30-2004 90224 037 ***150.00 JWT SPECIALIZED COMMUNICATIONS, INC. Principal Place of Business Mailing Address ひてひも ネルマン **5200 WILSHIRE BLVD** C/O WPP, 125 PARKAY 4TH FLOOR LOS ANGELES, CA 90045 NEW YORK, NY 10017-5529 US 2. Principal Place of Business c/O WPP, 125 Park Avenue 5200 W. Century Blvd Suite, Apt. #, etc. 4th Floor Suite, Apt. #, etc Suite 310 04062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 95-1929627 Los Angeles. New York, Not Applicable Country USA ^{Zip}10017 \$8.75 Additional 90045 5. Certificate of Status Desired ÜSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President PΩ TITLE ☐ Delete TITLE XI Change ■ Addition Tim Gibbon GIBBON, TIM NAME NAME 5200 W. Century Blvd, Suite 310 STREET ADDRESS 5200 WILSHIRE BLVD STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90045 CITY-ST-ZIP Los Angeles, CA 90045 ☐ Delete Addition TITLE TITLE Secretary Metante Graper **Change** GRAPER, MELANIE NAME NAME 5200 W. Century Blvd, Suite 310 STREET ADDRESS 5200 WILSHIRE BLVD STREET ADDRESS Los Angeles, CA 90045 LOS ANGELES, CA 90045 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NEUMAN, THOMAS O NAME NAME STREET ADDRESS C/O WPP, 125 PARK AVE, 4 FL STREET ADDRESS NEW YORK, NY 100175529 CITY-ST-ZIP CITY-ST-7tP ☐ Delete TITLE K Change ☐ Addition TITLE Director PRESS, JEFF NAME MANAG Jeff Press STREET ADDRESS STREET ADDRESS 5200 WILSHIRE BLVD 5200 W Century Blvd Suite 310 CITY-ST-ZIP LOS ANGELES, CA 90045 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

OR PRINTED NAME OF SIGNING OF ICEA OR DIRECTOR

FILED

212-632-2200