


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005806
 1. Entity Name
 PUBLIC COMMUNICATIONS SERVICES, INC.



Principal Place of Business Mailing Address
 11859 WILSHIRE BLVD, STE 600 11859 WILSHIRE BLVD, STE 600
 LOS ANGELES, CA 90025 LOS ANGELES, CA 90025

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 95-4615444 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPS JENNINGS, PAUL S 11859 WILSHIRE BLVD, STE 600 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FRYZER, JOSEPH 11859 WILSHIRE BLVD, STE 600 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEDMAN, CHARLES B 11859 WILSHIRE BLVD, SUITE 600 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOE, TOMMIE 11859 WILSHIRE BLVD., SUITE 600 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/17/06-80042-019 150.00

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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: Charles B. Jennings Date: 1.20.06 Daytime Phone #: 310.954.3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR