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Secretary of State
02-03-2005 90044 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005806

1. Entity Name
PUBLIC COMMUNICATIONS SERVICES, INC.

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

66006678

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4615444
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: MICHAEL ROSS, CONTROLLER 1/14/05 (310) 954-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tommie E. Joe 3/15/05
Signature DATE
TOMMIE E. JOE