2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F95000002092

Entity Name: NEWSCOM SERVICES, INC.

Current Principal Place of Business:

202 WEST FIRST STREET
LOS ANGELES, CA 90012

New Principal Place of Business:

Current Mailing Address:

435 N. MICHIGAN AVENUE
SUITE 600
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 65-0574817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, DAVID D
Address: 435 N. MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

Title: VPSD ( ) Delete
Name: KENNEY, CRANE H
Address: 435 N MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

Title: TREA ( ) Delete
Name: GART, MIKE
Address: 435 N. MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

Title: AT ( ) Delete
Name: SHANAHAN, PATRICK M
Address: 435 N MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MAHONEY, WALTER
Address: 435 N MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

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

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

Title: SD ( ) Change (X) Addition
Name: ELDERSVELD, DAVID P
Address: 435 N MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

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: PATRICK M. SHANAHAN AT 03/25/2009

Electronic Signature of Signing Officer or Director — Date