2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# L03000002864

Entity Name: EM2 COMMUNICATIONS, LLC

Current Principal Place of Business:

15908 AMBERLY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15908 AMBERLY DRIVE
TAMPA, FL 33647

New Mailing Address:

P.O. BOX 46698
TAMPA, FL 33647

FEI Number: 51-0444973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MISIAK, DENNIS P	
Address:	15908 AMBERLY DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	MGRM	( ) Delete
Name:	MORAN, KEITH W	
Address:	201 N. CLEVELAND STREET	
City-St-Zip:	ARLINGTON, VA 22201	
Title:	MGRM	( ) Delete
Name:	JAROSZ, ROBERT	
Address:	701 DOC NICHOLS ROAD	
City-St-Zip:	DURHAM, NC 27703	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENNIS P. MISIAK MGRM 03/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date