2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 19 AM 10:31

DOCUMENT # L03000002864

1. Entity Name

EM2 COMMUNICATIONS, LLC

Principal Place of Business	Mailing Address
~~16000 AMBERLY DRIVE~~ ~~TAMPA FL 33647~~	423 N FILLMORE ST ARLINGTON VA 22201

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
2821 Northeast Suite, Apt. #, etc. 185th St. # 403 Miami, Florida Zip 33180 DADE	423 N Fillmore st. Suite, Apt. #, etc. City & State Arlington, VA. Zip 22201 County Arlington

4. FEI Number 51-0444973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name Mohamed Moussa
Street Address 1080 NW 163rd st.
City Miami, FL 33169

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 Mohamed Moussa December 1, 2005
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ~~MICHAN, DENNIS P~~ ~~16000 AMBERLY DRIVE~~ ~~TAMPA FL 33647~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MORAN, KEITH W 201 N. CLEVELAND STREET ARLINGTON VA 22201 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Reinstatement
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAROSZ, ROBERT 701 DOC NICHOLS ROAD DURHAM NC 27703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2005 w/o Penalty
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800062230468 12/16/05--01054--002 **50.00

11. 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 is true and accurate and that my 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: Keith Moran Dec 1, 2005 703 243-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #