2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Secretary of State DOCUMENT #L07000005193 02-25-2008 90131 042 ***138.75 1. Entity Name ACCÉSS PUBLIC RELATIONS, LLC Principal Place of Business Mailing Address PANTATON 50 N. LAURA STREET, SUITE 2750 50 N. LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 31 W. Adams Street 31 W. Adams Street Suite, Apt. #, etc. wite 20 02012008 CR2E083 (12/06) Applied For ity & State & State 4. FEI Numbe AD 82325 Finei da Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANT, ABRAHAM, REITER, MCCORMICK & GREENE Street Address (P.O. Box Number is Not Acceptable) 50 N. LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition TITI F Wardild Warper ☐ Change TITLE ☐ Delete John Findth 31 W. Adams Street Suite 204 NAME NAME STREET ADDRESS STREET ADDRESS lacksonville Pl CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Oelete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 25, 2008 8:00 am