2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAR 15 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001418

1. Entity Name
PUBLICIS SANCHEZ & LEVITAN, LLC

Principal Place of Business	Mailing Address
1790 CORAL WAY MIAMI, FL 33145	P.O. BOX 809014 DALLAS, TX 75380-9014

DO NOT WRITE IN THIS SPACE

02172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
74-3005485
☐ 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

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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)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEVITAN, AIDA
STREET ADDRESS	1790 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGRM
NAME	SANCHEZ, FAUSTO
STREET ADDRESS	1790 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGRM
NAME	HENDERSON, DOUG
STREET ADDRESS	14185 NORTH DALLAS PKWY
CITY-ST-ZIP	DALLAS, TX 75254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200048444922

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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: Doug Henderson, Manager 02/18/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CSC

CORPORATION SERVICE COMPANY

M01000001418

ACCOUNT NO. : 072100000032

REFERENCE : 255265 7382502

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 50.00

ORDER DATE : March 14, 2005

ORDER TIME : 11:58 AM

ORDER NO. : 255265-005

CUSTOMER NO: 7382502

CUSTOMER: Ms Lorelei Kutcher
Publicis - Re:sources Usa
22nd Floor
35 W. Wacker Drive
Chicago, IL 60601

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

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TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____