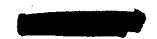
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) FILED Jul 23, 2002 8:00 am Secretary of State

05-12-2002 90583 012 ****55.00

DOCUMENT # 1. Entity Name	M01000001642		
CLEARSHOT (COMMUNICATIONS,	LLC	

39483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7. Great Valley Pkwy.

Suite. Apt. #, etc.

Suite. Apt. #, etc.

Suite. Apt. #, etc.

Suite. 129

City & State

Malvern. PA

3. Mailing Address

7. Great Valley Parkway

Suite. Apt. #, etc.

Suite. 129

City & State

Malvern. PA

DO NOT WRITE IN THIS SPACE

Malvern, PA

Malvern, PA

Zip

Country

19355

Malvern, PA

Zip

Country

Zip

Country

To Reacquired

To Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MANAGING MEMBERS/MANAGERS

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

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 Forida.

SIGNATURE Symbol (perconsist) in Chiefmann agent and Sociol (paper). DATE DATE		
Signatura spend or process in constituej construition of appearable.	SIGNATURE	
CALL	Signature of process processes of a supercurvation of approximate	
		DAIL

FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1

	THE THE PARTY OF T			_
BILLE DIAME STREET ADDRESS CHY-ST-2IP	CEO Brooke Dolanm member 7 Great Valley Parkway #129 Malvorn, PA 19355	HITLE NAME STREET ADDRESS CITY-ST-2IP		838 (12/01)
HAME SAMES ADDRESS CITY-ST-ZIP	CFO/Pres David U. Leemanember same as above	TITLE HAME STREET ADDRESS CITY-ST-ZIP		CR2E0838
TITLE NAME STREET ADDRESS CITY-ST-219	Exec. V.P. Sarah G. Millerma member same as above	TITLE NAME STREET ADDRESS CITY: ST-ZIP	DO NOT WRITE	
TITLE HAME STREET ADORESS CITY-ST-ZIP	VP Ops. mq wember David Rodriguez same as above	TITLE RAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
DITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP, Development of Wimby J. Kevin Barile 4830 W. Kennedy Blvd., #340 Tampa, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE HAME STREET ADDRESS CITY-ST-ZIP 11, Thereby C	VP, Development - Florida Alan Ruiz 4830 W. Kennedy Blvd., #340 Tampa, FL 33609 erily that the information supplied with this filling does not qualify for the	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. Thereby 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 trie 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SYDNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02 813-258-2588