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FILED
Jul 23, 2002 8:00 am
Secretary of State

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

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000001642

1. Entity Name

CLEARSHOT COMMUNICATIONS, LLC

DO NOT WRITE IN THIS SPACE

39483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7 Great Valley Pkwy.

Suite, Apt. #, etc.

Suite 129

City & State

Malvern, PA

Zip
19355

Country

3. Mailing Address

7 Great Valley Parkway

Suite, Apt. #, etc.

Suite 129

City & State

Malvern, PA

Zip

19355

Country

USA

4. FEI Number

233083240

Applied For

Not Applicable

5. Certificate of Status Desired

KK

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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.

SIGNATURE

Signature of person authorized to execute this report (if applicable)

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEO
Brooke Dolan member
7 Great Valley Parkway #129
Malvern, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CFO/Pres
David U. Leem member
same as above

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Exec. V.P.
Sarah G. Miller member
same as above

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP Ops.
David Rodriguez member
same as above

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Sr. VP, Development member
J. Kevin Barile
4830 W. Kennedy Blvd., #340
Tampa, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP, Development - Florida
Alan Ruiz member
4830 W. Kennedy Blvd., #340
Tampa, FL 33609

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02 813-258-2586