

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90852 001 ***100.00

DOCUMENT # M01000001642

1. Entity Name
CLEARSHOT COMMUNICATIONS, LLC



Principal Place of Business
7 GREAT VALLEY PKWY
SUITE 129
MALVERN, PA 19355 US

Mailing Address
7 GREAT VALLEY PKWY
SUITE 129
MALVERN, PA 19355 US

010000010



01052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-3083240

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DOLAN, BROOKE
7 GREAT VALLEY PKWY #129
MALVERN, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEE, DAVIE U
7 GREAT VALLEY PKWY #129
MALVERN, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILLER, SARAH G
7 GREAT VALLEY PKWY #129
MALVERN, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RODRIGUEZ, DAVID
7 GREAT VALLEY PKWY #129
MALVERN, PA 19355

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARIELE, J. KEVIN
4830 W KENNEDY BLVD #340
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUIZ, ALAN
4830 W KENNEDY BLVD #340
TAMPA, FL 33609

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3/29/04

606-725-9019