

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90038 022 \*\*\*\*50.00

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<b>DOCUMENT # M01000001642</b> 1. Entity Name <b>CLEARSHOT COMMUNICATIONS, LLC</b>					
Principal Place of Business <b>7 GREAT VALLEY PKWY SUITE 129 MALVERN, PA 19355 US</b>			Mailing Address <b>7 GREAT VALLEY PKWY SUITE 129 MALVERN, PA 19355 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-3083240</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOLAN, BROOKE		NAME		
STREET ADDRESS	7 GREAT VALLEY PKWY #129		STREET ADDRESS		
CITY - ST - ZIP	MALVERN, PA 19355		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, DAVIE U		NAME		
STREET ADDRESS	7 GREAT VALLEY PKWY #129		STREET ADDRESS		
CITY - ST - ZIP	MALVERN, PA 19355		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, SARAH G		NAME		
STREET ADDRESS	7 GREAT VALLEY PKWY #129		STREET ADDRESS		
CITY - ST - ZIP	MALVERN, PA 19355		CITY - ST - ZIP		
TITLE	MGRM <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, DAVID		NAME		
STREET ADDRESS	7 GREAT VALLEY PKWY #129		STREET ADDRESS		
CITY - ST - ZIP	MALVERN, PA 19355		CITY - ST - ZIP		
TITLE	MGRM <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARIELE, J. KEVIN		NAME		
STREET ADDRESS	4830 W KENNEDY BLVD #340		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33609		CITY - ST - ZIP		
TITLE	MGRM <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUIZ, ALAN		NAME		
STREET ADDRESS	4830 W KENNEDY BLVD #340		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33609		CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/19/05</u> Daytime Phone # <u>610-725-9089</u>		