

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90049 015 ****50.00

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**

20020930



01162006No Chg-LLC

CR2E083 (11/05)

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, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-16-06