

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92165 023 \*\*\*\*\*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

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 23-3083240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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.

**SIGNATURE: X SIGNATURE REQUIRED**

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

Date

Daytime Phone #

4/25/03 610-725-9019

CR2E083 (10/02)