2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0600003807

1. Entity Name

POINT BLANK PUBLIC AFFAIRS LLC

FILED Feb 27, 2008 08:00 AN Secretary of State

Principal Place of Business

5309 CUSHING PLACE, N.W. WASHINGTON, DC 20016

Malling Address

5309 CUSHING PLACE, N.W. WASHINGTON, DC 20016



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3982208

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

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE, Registered Agent signature required when reinstating) | DATE |
|-------------------|--|--|--|
| FILE After May | E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | |
| 9. | MANAGING MEMBERS/MANAGERS | 10. 10. 10. No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | |
| TITLE | MGR | | the state of the s |
| NAME | WEISS, AMY | | The state of the s |
| STREET ADDRESS | 5309 CUSHING PLACE, N.W. | The first of the same | |
| CITY-ST-ZIP | WASHINGTON, DC 20016 | | |
| TITLE | MGR | | Company of the Company of the Company |
| NAME | REED, DEBRA D | | 1.31.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |
| STREET ADDRESS | 2006 ARGYLL COURT | The state of the s | 000000841617 |
| CITY-ST-ZIP | LYNN HAVEN, FL 32444 | 03/ | ′10/08-80024-015 138.75 - |
| TITLE | | | |
| NAME | | or the same same | |
| STREET ADDRESS | | חס אס | T WDITE |
| CITY-ST-ZIP | | | I WILL TO THE |
| TITLE | | IN THE | SSPACE |
| NAME | | | |
| STREET ADDRESS | | | |

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

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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-SI-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Fef 25 2008.

850-248-8148

Daytime Phone #