TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations and Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer number 3 2 0 3 4 1 5 6 9 5 3

Report year 2 0 1 3

Taxpayer name FREE SPEECH SYSTEMS, LLC

Mailing address PO BOX 19549

City AUSTIN State TX ZIP Code 78760 Plus 4 9549 Secretary of State file number or Comptroller file number 0800898797

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 910 WEST MARY STREET, AUSTIN, TX, 78704

Principal place of business 910 WEST MARY STREET, AUSTIN, TX, 78704

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name ALEX JONES Title MANAGER Director YES

Mailing address PO BOX 19549 City AUSTIN State TX ZIP code 78760

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ELIZABETH M. SCHURIG

Office: 100 CONGRESS AVE 22ND FLOOR City AUSTIN State TX ZIP code 78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

ALEX JONES Title MANAGER Date 11/12/2013 Area code and phone number (512) 646-4408

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