

**LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

949249

DOCUMENT # MO/000002820  
 1. Entity Name  
NM Licensing LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>6312 S. Fiddler's Green Circle</u> Suite, Apt. #, etc. <u>Suite 360E</u> City & State <u>Englewood, CO</u> Zip <u>80111</u> Country <u>USA</u>	3. Mailing Address <u>6312 S. Fiddler's Green Circle</u> Suite, Apt. #, etc. <u>Suite 360E</u> City & State <u>Englewood, CO</u> Zip <u>80111</u> Country <u>USA</u>
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4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Corporation Service Company  
 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
 City Tallahassee FL Zip Code 32301

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 DIVISION OF REVENUE

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MAN</u> <u>Hirsch, Carl</u> <u>6312 S. Fiddler's Green Circle, Suite 360E</u> <u>Englewood, CO 80111</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MAN</u> <u>Netz, Steven</u> <u>6312 S. Fiddler's Green Circle, Suite 360E</u> <u>Englewood, CO 80111</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1</u> <u></u> <u></u> <u></u>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Schultz DATE: 4/12/02 DAYTIME PHONE: 303-694-9118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)