


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002820 1. Entity Name NM LICENSING LLC	
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Principal Place of Business 6312 S. FIDDLER'S GREEN CIRCLE SUITE 360E ENGLEWOOD, CO 80111	Mailing Address 6312 S. FIDDLER'S GREEN CIRCLE SUITE 360E ENGLEWOOD, CO 80111
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DO NOT WRITE IN THIS SPACE



01082004No Chg-LLC CR2E083 (10/03)

4. FEI Number 84-1545396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

000000019716
01/29/04-80036-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIRSCH, CARL E 6312 S FIDDLER'S GREEN CIRCLE SUITE 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINETZ, STEVEN 6312 S FIDDLER'S GREEN CIRCLE SUITE 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOVER, SEAN 63125 FIDDLERS GREEN CIR., STE. 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANSEN, SCHUYLER 6312 S. FIDDLERS GREEN CIR., STE. 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELLER, SAMUEL 6312 S. FIDDLERS GREEN CIR., STE. 360E ENGLEWOOD, CO 80111
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 exemption stated in Section 119.07(3)(b), 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:  1/29/04 305-694-9118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #