


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002820

1. Entity Name
NM LICENSING LLC



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

DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
84-1545396

Applied For
Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005


000000198499
01/27/05-80055-003 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	

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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:  **1/22/05** **307-694-9118**

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