


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90042 039 \*\*\*\*50.00

<b>DOCUMENT # M01000002820</b> 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
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>Greenwood Village CO</i>		City & State <i>Greenwood Village CO</i>
Zip <i>80111</i>	Country	Zip <i>80111</i>
		Country
4. FEI Number <b>84-1545396</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> Zip Code
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 _____		
<b>Filing Fee is \$50.00                  Due by May 1, 2006</b>		<b>Make check payable to                  Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR <input type="checkbox"/> Delete NAME HIRSCH, CARL E STREET ADDRESS 6312 S FIDDLER'S GREEN CIRCLE SUITE 360E CITY-ST-ZIP ENGLEWOOD, CO 80111	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR <input type="checkbox"/> Delete NAME DINETZ, STEVEN STREET ADDRESS 6312 S FIDDLER'S GREEN CIRCLE SUITE 360E CITY-ST-ZIP ENGLEWOOD, CO 80111	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete NAME STOVER, SEAN STREET ADDRESS 63125 FIDDLERS GREEN CIR., STE. 360E CITY-ST-ZIP ENGLEWOOD, CO 80111	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V <input checked="" type="checkbox"/> Delete NAME HANSEN, SCHUYLER STREET ADDRESS 6312 S. FIDDLERS GREEN CIR., STE. 360E CITY-ST-ZIP ENGLEWOOD, CO 80111	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>Assistant Secretary</i> STREET ADDRESS <i>RANNY WONG</i> CITY-ST-ZIP <i>6312 S Fiddlers Green Circle Greenwood Village Co 80111</i>	
TITLE V <input type="checkbox"/> Delete NAME WELLER, SAMUEL STREET ADDRESS 6312 S. FIDDLERS GREEN CIR., STE. 360E CITY-ST-ZIP ENGLEWOOD, CO 80111	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		Date <i>4/7/06</i> Daytime Phone # <i>303-694-9118</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #