

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002074

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: EXTREAMTV, LLC

**Current Principal Place of Business:**

10 MILK STREET, 7TH FLOOR  
BOSTON, MA 02108

**New Principal Place of Business:**

**Current Mailing Address:**

10 MILK STREET  
BOSTON, MA 02108

**New Mailing Address:**

FEI Number: 20-4043094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: O'BRIEN, PAUL  
Address: 451 WELLESLEY STREET  
City-St-Zip: WESTON, MA 02493

Title: MGRM ( ) Delete  
Name: BROUGH, DOUGLAS  
Address: 136 BAY DRIVE  
City-St-Zip: STEVENSVILLE, MD 21666

Title: MGRM ( ) Delete  
Name: WATTS, J. ALEX  
Address: 1616 CONCORDIA DRIVE  
City-St-Zip: PASADENA, MD 21122

Title: MGRM ( ) Delete  
Name: KILEY, MARK P  
Address: 278 RIVER ROAD  
City-St-Zip: ANDOVER, MA 01810

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK P KILEY

CFO

03/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date