

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007953

FILED
Apr 19, 2008
Secretary of State

Entity Name: VIDEO GAME TELEVISION (VGTV), LLC

Current Principal Place of Business:

151 NE 16TH AVE
#265
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

151 NE 16TH AVE
#265
FORT LAUDERDALE, FL 33301

New Mailing Address:

151 NE 16TH AVE
#265
FORT LAUDERDALE, FL 33301

FEI Number: 77-0607360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, JOHN M
151 NE 16TH AVE
#265
FORT LAUDERDALE, FL 33301 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: EXODUS ENTERTAINMENT, MEDIA GROUP, I NC.
Address: 151 NE 16TH AVE, #265
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: CLARK, JOHN M PRES
Address: 151 NE 16TH AVE, #265
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: BROOKS, MARK CHRMAN
Address: 8910 SCHOOLHOUSE ROAD
City-St-Zip: CORAL GABLES, FL 33156

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:

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: JOHN M CLARK

MGR

04/19/2008

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