2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

May 13, 2005 08:00 AN Secretary of State DOCUMENT # L02000004408 1. Entity Name NON-STOP TV, LLC Principal Place of Business Mailing Address 333 S.W. 30 RD, #3 333 S.W. 30 RD. #3 MIAMI, FL 33129 MIAMI, FL 33129 05112005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0405548 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE LEYVAY, MARLON 333 SW 30 RD #3 MIAMI, FL 33129 IN THIS SPACE 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, typed or printe e of registered against and tale if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 3. MGRM TITLE LEYVA, MARLON NAME STREET ADDRESS 333 S.W. 30 RD. #3 CSTY-ST-JIP MIAMI, FL 33129 ___ U00000366572 05/13/05-80009-008 50.00 TITLE NAME STREET ADDRESS CMY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CTY-ST-7P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CAY-SI-ZP TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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