2004 LIMITED LIABILITY COMPANY

FILED Aug 02, 2004 8:00 am

ANNUAL REPURI				_ Secretary of State	
DOCUMENT # L02000011186				08-02-2004 90114 034 ****50.00	
VIDEO ROYALTY DISTRIBUTORS, LLC					
Principal Place of Business 3550 BUSCHWOOD PARK DRIVE, SUITE 320		Mailing Address 3550 BUSCHWOOD PARK DRIVE, SUITE 320		# P 3	
TAMPA, FL 3	33618	TAMPA, FL 33618		· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business		3. Mailing Address .			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07212004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number Applied For 04-3672399 Not Applicable	le
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
HICKS, AL	LISON		Name		
3550 BUSCHWOOD PARK DRIVE, SUITE 320 TAMPA, FL 33618			Street Addres	ss (P.O. Box Number is Not Acceptable)	\dashv
ļ			City	FL Zip Code	\dashv
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 No. 10 March 19 Marc					
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature requ	uived when reinstating)	
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to	- "
i. Due	by September 6, 2004			Florida Department of State	
9.	MANAGING MEME		10.	ADDITIONS/CHANGES	二
- TITLE NAME	MGR VIREN, MICHAEL	☐ Delete	TITLE NAME	☐ Change ☐ Addilio	рΠ
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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)(i), Florida Statutes: I further certify that the information indicated on this report is true and accurate and that my agniture shall have the same legal effect as if made under oath; that I. am.a managing member or manager of the report is true and accurate and that my agniture shall have the same legal effect as if made under oath; that I. am.a managing member or manager of the report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE: SIGNATURE AND PRIESED OF PRINTED NAME OF SENING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #