

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011186

FILED
Apr 13, 2005
Secretary of State

Entity Name: VIDEO ROYALTY DISTRIBUTORS, LLC

Current Principal Place of Business:

3550 BUSCHWOOD PARK DRIVE, SUITE 320
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3550 BUSCHWOOD PARK DRIVE, SUITE 320
TAMPA, FL 33618

New Mailing Address:

FEI Number: 04-3672399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, ALLISON
3550 BUSCHWOOD PARK DRIVE, SUITE 320
TAMPA, FL 33618 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/MEMBERS:

Title: MGR () Delete
Name: VIREN, MICHAEL
Address: 3550 BUSCHWOOD PARK DR STE 320
City-St-Zip: TAMPA, FL 336184450

Title: MGR () Delete
Name: MONTAGUE, DANIEL
Address: 3550 BUSCHWOOD PARK DR STE 320
City-St-Zip: TAMPA, FL 336184450

Title: MGR () Delete
Name: WILLIAMS, OSCAR
Address: 3350 BUSCHWOOD PARK DR STE 320
City-St-Zip: TAMPA, FL 336184450

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 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 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: DANIEL MONTAGUE

MGR

04/13/2005

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