2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-02-2003 90754 040 ****50.00

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DOCUMENT # L02000011186

1. Entity Name
VIDEO ROYALTY DISTRIBUTORS, LLC

44002520

Principal Place of Business	Mailing Address
3550 BUSCHWOOD PARK DRIVE. SUITE 320 TAMPA FL 33618	3550 BUSCHWOOD PARK DRIVE. SUITE 320 TAMPA FL 33618

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3672399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HICKS, ALLISON 3550 BUSCHWOOD PARK DRIVE, SUITE 320 TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VIREN, MICHAEL 9252 N. 56TH ST., STE. 200 TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3550 Buschwood Park Dr, Suite 320 Tampa Fl 33618-4450	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MONTAGUE, DANIEL 9252 N. 56TH ST., STE. 200 TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3550 Buschwood Park Dr, Suite 320 Tampa Fl 33618-4450	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WILLIAMS, OSCAR 9252 N. 56TH ST., STE. 200 TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3550 Buschwood Park Dr, Suite 320 Tampa Fl 33618-4450	
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CR2E083 (10/02)

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 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: SIGNATURE REQUIRED 4.30.03 813.933.6767x103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #