

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021019

FILED
Aug 04, 2004
Secretary of State

Entity Name: TRANSIT TELEVISION NETWORK, LLC

Current Principal Place of Business:

8544 COMMODITH CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8544 COMMODITH CIRCLE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 16-1622072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301 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: MORRIS, CHRISTOPHER
Address: 8544 COMMODITH CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: STROUGHT, TOMER
Address: ONE YOUNG ST. 6TH FLOOR
City-St-Zip: TORONTO. ONTARIO, CA

Title: MGR () Delete
Name: STEACY, ROBERT
Address: ONE YOUNG ST, 6TH FLOOR
City-St-Zip: TORONTO. ONTARIO, CA

Title: MGR () Delete
Name: PLOGSTEDT, MARC
Address: 8544 COMMODITH CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: JOROSSEN, JETTERN
Address: 8544 COMMODITH CIRCLER
City-St-Zip: ORLANDO, FL 32819

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:

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: CHRISTOPHER MORRIS

MR

08/04/2004

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