FILED
Mar 31, 2003 8:00 am
Secretary of State
03-12-2003 90014 021 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021019

1. Entity Name
TRANSIT TELEVISION NETWORK, LLC

Principal Place of Business	Mailing Address
8550 COMMODITY CIRCLE ORLANDO, FL 32819	8550 COMMODITY CIRCLE ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
8544 COMMODITY CIRCLE Suite, Apt. #, etc.	8544 COMMODITY CIRCLE Suite, Apt. #, etc.
City & State: ORLANDO FLORIDA	City & State: ORLANDO FLORIDA
Zip: 32819 Country: USA	Zip: 32819 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 16-1622072 ☐ 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
NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301	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's 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	MANAGER CHRISTOPHER MORRIS 8544 COMMODITY CIRCLE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER TOMER STROUGHT ONE YONGE ST, 6TH FLOOR TORONTO, ONTARIO CANADA M5E 1P9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ROBERT STEACY ONE YONGE ST, 6TH FLOOR TORONTO, ONTARIO, CANADA M5E 1P9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER MARC PLOUSTEOT 8544 COMMODITY CIRCLE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER JEFFREY STOUSSO 8544 COMMODITY CIRCLE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE: MARC PLOUSTEOT 3/27/03 407 226 0204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #