2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L02000021520

Entity Name: CYBERTV, LLC

Current Principal Place of Business:

PO BOX 2184
WINDERMERE, FL 34786

New Principal Place of Business:

4081-C LB MCLEOD RD
ORLANDO, FL 32811

Current Mailing Address:

PO BOX 2184
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 55-0792935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOOPER, CLIFFORD D
P.O. BOX 2184
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

HOOOPER, CLIFFORD D
4081-C LB MCLEOD RD
ORLANDO, FL 32811 US

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: 04/10/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOOPER, DWIGHT
Address: 5841 MEDINAH WAY
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete
Name: HOOPER, CALEB
Address: 5841 MEDINAH WAY
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete
Name: HOOPER, DWIGHT JR.
Address: 5841 MEDINAH WAY
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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: C. DWIGHT HOOPER CEO 04/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date