

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000015477**

**1. Entity Name**  
**MULTICHANNEL VENTURES, LLC**



**Principal Place of Business**  
**1000 UNIVERSAL STUDIOS PLAZA**  
**BLDG 22-A**  
**ORLANDO, FL 32819**

**Mailing Address**  
**1000 UNIVERSAL STUDIOS PLAZA**  
**BLDG 22-A**  
**ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number**  
**42-1589535**

☐ **Applied For**  
☐ **Not Applied**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**GERRITY, MICHAEL J**  
**1000 UNIVERSAL STUDIOS PLAZA**  
**BLDG 22-A**  
**ORLANDO, FL 32819**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Michael J. Gerrity*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*4/30/2006*

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          | <b>CCEO</b>                                    |
| <b>NAME</b>           | <b>GERRITY, MICHAEL</b>                        |
| <b>STREET ADDRESS</b> | <b>1000 UNIVERSAL STUDIOS PLAZA, BLDG 22-A</b> |
| <b>CITY-ST-ZIP</b>    | <b>ORLANDO, FL 32819</b>                       |
| <b>TITLE</b>          | <b>PD</b>                                      |
| <b>NAME</b>           | <b>GERRITY, MICHAEL</b>                        |
| <b>STREET ADDRESS</b> | <b>1000 UNIVERSAL STUDIOS PLAZA, BLDG 22-A</b> |
| <b>CITY-ST-ZIP</b>    | <b>ORLANDO, FL 32819</b>                       |
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

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**DO NOT WRITE  
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

*4/30/06* *407-2241*