

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -7 AM 9:36

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



04292008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1589535

Applied For

Not Applicable

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 Gerrity*

(NOTE: Registered Agent signature required when reinstating)

*4/28/08*

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

|                |   |
|----------------|---|
| TITLE          | CEO                                     |
| NAME           | GERRITY, MICHAEL                        |
| STREET ADDRESS | 1000 UNIVERSAL STUDIOS PLAZA, BLDG 22-A |
| CITY-ST-ZIP    | ORLANDO, FL 32819                       |
| TITLE          | PD                                      |
| NAME           | GERRITY, MICHAEL                        |
| STREET ADDRESS | 1000 UNIVERSAL STUDIOS PLAZA, BLDG 22-A |
| CITY-ST-ZIP    | ORLANDO, FL 32819                       |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Michael Gerrity*

*4/28/08*

*(407) 224-6847*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1762*