2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# L03000021182

Entity Name: NITV GOVERNMENT SERVICES, LLC

Current Principal Place of Business:

11400 FORTUNE CIRCLE
W. PALM BEACH, FL 33414

New Principal Place of Business:

Current Mailing Address:

11400 FORTUNE CIRCLE
W. PALM BEACH, FL 33414

New Mailing Address:

FEI Number: 65-1191399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUMBLE, CHARLES
11400 FORTUNE CIRCLE
W. PALM BEACH, FL 33414 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/MANAGERS:

Title: MGR ( ) Delete
Name: HUMBLE, CHARLES
Address: 11400 FORTUNE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM ( ) Delete
Name: ORTIZ, CINDY
Address: 11400 FORTUNE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM ( ) Delete
Name: HUGHES, DAVID
Address: 11400 FORTUNE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ENDLER, WILLIAM
Address: 11400 FORTUNE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414

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: CHARLES HUMBLE MGR 01/11/2006

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