

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000038470

**FILED**  
**Apr 14, 2006**  
**Secretary of State**

**Entity Name:** TME VENTURE CAPITAL, LLC

**Current Principal Place of Business:**

2295 S HIAWASSEE RD SUITE 307  
ORLANDO, FL 32835

**New Principal Place of Business:**

ATTN: TIMOTHY HOY (WASSERMAN MEDIA GROUP)  
12100 W. OLYMPIC BLVD., SUITE 400  
LOS ANGELES, CA 90064

**Current Mailing Address:**

P.O. BOX 110127  
DURHAM, NC 27709

**New Mailing Address:**

ATTN: TIMOTHY HOY (WASSERMAN MEDIA GROUP)  
12100 W. OLYMPIC BLVD., SUITE 400  
LOS ANGELES, CA 90064

**FEI Number:** 54-2156553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF ORLANDO  
300 S. ORANGE AVENUE, STE. 1000 (MRH)  
ORLANDO, FL 32801 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: BASS, GUSTAVUS  
Address: 610 OXBORO CIRCLE  
City-St-Zip: DURHAM, NC 27713

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GRABO, ELISSA  
Address: 12100 W. OLYMPIC BLVD., SUITE 400  
City-St-Zip: LOS ANGELES, CA 90064

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: ELISSA GRABO

MGR

04/14/2006

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