

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90029 009 ****50.00

DOCUMENT # L04000007301 1. Entity Name US MOBILE DIGITAL TELEVISION, LLC					
Principal Place of Business 2480 NW 53RD STREET BOCA RATON, FL 33434			Mailing Address 2480 NW 53RD STREET BOCA RATON, FL 33434		
2. Principal Place of Business 6601 LYONS RD Suite, Apt. #, etc. F-1		3. Mailing Address Suite, Apt. #, etc. 			
City & State COCONUT CREEK FL		City & State 			
Zip 33073		Country 		4. FEI Number 20-0519246	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOK, ROBERT B ESQUIRE 17 BAY HARBOR ROAD TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name JAMES GARNHER Street Address (P.O. Box Number is Not Acceptable) 2480 NW 53rd ST City BOCA RATON FL Zip Code 33496		
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 DATE 11/10/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARNHER, JAMES A 2480 NW 53RD PLACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAUL DOLAN 6662D- BOCA PINE TRAIL BOCA RATON FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date 11/10/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

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