


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90137 008 ****50.00

DOCUMENT # L04000007301 1. Entity Name US MOBILE DIGITAL TELEVISION, LLC					
Principal Place of Business 6601 LYONS RD F-1 COCONUT CREEK, FL 33073			Mailing Address 2480 NW 53RD STREET BOCA RATON, FL 33434		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13163 ALISO BEACH DR Suite, Apt. #, etc.			
City & State _____		City & State DELRAY BEACH FL		4. FEI Number 20-0519246	
Zip 33446		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARNHER, JAMES 2480 NW 53RD ST BOCA RATON, FL 33436			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13163 ALISO BEACH DR. City DELRAY BEACH FL Zip Code 33446		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		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	MGRM DOLAN, PAUL 6662-D BOCA PINE TRAIL BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 7/3/06 Daytime Phone # 561 4951397		