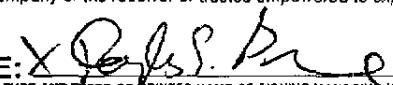


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000061661					
1. Entity Name JADE PROGRAMMING GROUP LLC					
Principal Place of Business 1012 E. CERVANTES STREET SUITE C PENSACOLA, FL 32501			Mailing Address 1012 E. CERVANTES STREET SUITE C PENSACOLA, FL 32501		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03142006 Chg-LLC CR2E063 (11/05)	
4. FEI Number 20-1523162				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUNZE, DOUGLAS S 1012 E. CERVANTES STREET SUITE C PENSACOLA, FL 32501			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		
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 May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OBER, ERIC 415 E. 52ND STREET, STE. 13 CC NEW YORK, NY 10022	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MARTINEZ, ANTHONY 11033 SILVERHORN DRIVE FRISCO, TX 75034	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STOLTZ, JAMIE 80 EAST END AVENUE NEW YORK, NY 10028	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
U00000513425 04/29/06-00130-005 150.00					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 3/23/06					
Daytime Phone #					