

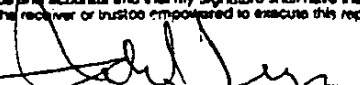
03/16/2007 15:13 4872489675

VINOD ARORA CI

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

03-30-2007 90039 001 ****50.00

DOCUMENT # L06000004866					
1. Entity Name CIRCLE K. TV, LLC					
Principal Place of Business 4470 DAVIE ROAD DAVIE, FL 33314			Mailing Address 4470 DAVIE ROAD DAVIE, FL 33314		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4862148	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JANJUA, TARIQ 4470 DAVIE ROAD DAVIE, FL 33314			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM ☐ Delete				
NAME	JANJUA, TARIQ				
STREET ADDRESS	4470 DAVIE BLVD				
CITY- ST- ZIP	DAVIE, FL 33314				
TITLE	MGRM ☐ Delete				
NAME	JANJUA, SHAHD				
STREET ADDRESS	4470 DAVIE BLVD				
CITY- ST- ZIP	DAVIE, FL 33314				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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 606, Florida Statutes.					
SIGNATURE:  3-20-07-954584-1136					
SIGNATURE AND TYPED OR PRINTED NAME OF SECONDO-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					