

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002329

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** VICTORY NETWORKS, LLC

**Current Principal Place of Business:**

995 STORY BOOK LANE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

995 STORY BOOK LANE  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 74-2976600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE JAGER, MARCI R  
995 STORY BOOK LANE  
OVIEDO, FL 32765 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:** MGRM  
**Name:** FOLLMER, TODD W  
**Address:** 5956 SHERRY LANE, STE 1575  
**City-St-Zip:** DALLAS, TX

**Title:** MGRM  
**Name:** OHLAND, BILL M  
**Address:** 6011 MORNINGSIDE AVE.  
**City-St-Zip:** DALLAS, TX

**Title:** MGRM  
**Name:** STERN, STEVE  
**Address:** 397 N. SPAULDING COVE  
**City-St-Zip:** HEATHROW, FL

**Title:** MGRM  
**Name:** ARRINGTON, RICK  
**Address:** 2585 KING CIRCLE  
**City-St-Zip:** CONYERS, GA

**Title:** MGRM  
**Name:** DEJAGER, MARCI  
**Address:** 995 STORY BOOK LANE  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** MGRM  
**Name:** CHRISTOFF, CARL  
**Address:** 13842 SPRUCEWOOD DR.  
**City-St-Zip:** DALLAS, TX

I hereby 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:** MARCI R. DEJAGER

MEMB

04/14/2010

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