


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000002371	
1. Entity Name CHANNEL 1 NOW, LLC	

Principal Place of Business 50 W. LIBERTY STREET, STE 650 RENO, NV 89501	Mailing Address 50 W. LIBERTY STREET, STE 650 RENO, NV 89501
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04132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 88-0507816	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL 33556	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and (if applicable)</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000152683  
05/04/04-80096-003 350.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPEER, ROY M 2535 SUCCESS DRIVE ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACHMAN, CELIA H 3600 COMMERCE BLVD. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  CELIA H. BACHMAN	4-27-04	907-251-2020
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		