

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91481 002 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MO/000002820

1. Entity Name

NM Licensing LLC

949249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6312 S. Fiddler's Green Circle

Suite, Apt. #, etc.

Suite 360E

City & State

Englewood, CO

Zip

80111

Country

USA

3. Mailing Address

6312 S. Fiddler's Green Circle

Suite, Apt. #, etc.

Suite 360E

City & State

Englewood, CO

Zip

80111

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
Hirsch, Carl
6312 S. Fiddler's Green Circle, Suite 360E
Englewood, CO 80111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
Gretz, Steven
6312 S. Fiddler's Green Circle, Suite 360E
Englewood, CO 80111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I

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: Schuyler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/02

303-694-9118

CR2E083B (12/01)