

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002820

1. Entity Name
NM LICENSING LLC



Principal Place of Business
6312 S. FIDDLER'S GREEN CIRCLE
SUITE 360E
ENGLEWOOD, CO 80111

Mailing Address
6312 S. FIDDLER'S GREEN CIRCLE
SUITE 360E
ENGLEWOOD, CO 80111



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1545396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U000000019716
01/29/04-80036-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HIRSCH, CARL E
6312 S FIDDLER'S GREEN CIRCLE SUITE 360E
ENGLEWOOD, CO 80111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DINETZ, STEVEN
6312 S FIDDLER'S GREEN CIRCLE SUITE 360E
ENGLEWOOD, CO 80111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STOVER, SEAN
63125 FIDDLERS GREEN CIR., STE. 360E
ENGLEWOOD, CO 80111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HANSEN, SCHUYLER
6312 S. FIDDLERS GREEN CIR., STE. 360E
ENGLEWOOD, CO 80111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WELLER, SAMUEL
6312 S. FIDDLERS GREEN CIR., STE. 360E
ENGLEWOOD, CO 80111

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)(b), 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, OR AUTHORIZED REPRESENTATIVE

1/29/04

Date

303-674-9118

Daytime Phone #