

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90042 039 ****50.00

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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Greenwood Village CO Zip 80111		City & State Greenwood Village CO Zip 80111	
4. FEI Number 84-1545396		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, CARL E	NAME	
STREET ADDRESS	6312 S FIDDLER'S GREEN CIRCLE SUITE 360E	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, CO 80111	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINETZ, STEVEN	NAME	
STREET ADDRESS	6312 S FIDDLER'S GREEN CIRCLE SUITE 360E	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, CO 80111	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, SEAN	NAME	
STREET ADDRESS	63125 FIDDLERS GREEN CIR., STE. 360E	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, CO 80111	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, SCHUYLER	NAME	Assistant Secretary
STREET ADDRESS	6312 S. FIDDLERS GREEN CIR., STE. 360E	STREET ADDRESS	RANNY WONG
CITY-ST-ZIP	ENGLEWOOD, CO 80111	CITY-ST-ZIP	6312 S Fiddlers Green Circle Greenwood Village Co 80111
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, SAMUEL	NAME	
STREET ADDRESS	6312 S. FIDDLERS GREEN CIR., STE. 360E	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, CO 80111	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 608, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>		4/7/06 303-644-9118 <small>Date Daytime Phone #</small>	