

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90019 047 \*\*\*\*50.00

**DOCUMENT # M03000003308**

1. Entity Name

LIVESHOP TV, LLC



Principal Place of Business

17250 DALLAS PKWY., STE. 200  
DALLAS TX 75248

Mailing Address

17250 DALLAS PKWY., STE. 200  
DALLAS TX 75248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
1333 N. DUVAL ST.  
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME HYMAN, KAREN  
STREET ADDRESS 9500 KOGER BLVD., STE. 101  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE MGR ☐ Delete  
NAME FRANK, WALTER J JR.  
STREET ADDRESS 17250 DALLAS PKWY., STE. 200  
CITY-ST-ZIP DALLAS TX 75248

TITLE MGR ☐ Delete  
NAME SANCHEZ, LORI  
STREET ADDRESS 17250 DALLAS PKWY., STE. 200  
CITY-ST-ZIP DALLAS TX 75248

TITLE MGR ☐ Delete  
NAME DENNY, LUDWELL  
STREET ADDRESS 17250 DALLAS PKWY., STE. 200  
CITY-ST-ZIP DALLAS TX 75248

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Lore W Sanchez*

2-19-04 912-588-2102

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

Date

Daytime Phone #