2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # M03000003308

1. Entity Name
LIVESHOP TV, LLC

Principal Place of Business	Mailing Address
17250 DALLAS PKWY., STE. 200 DALLAS, TX 75248	17250 DALLAS PKWY., STE. 200 DALLAS, TX 75248

DO NOT WRITE IN THIS SPACE

01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0097374

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

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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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000845143
03/13/08-80027-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FRANK, WALTER J JR.
STREET ADDRESS	17250 DALLAS PKWY., STE. 200
CITY-ST-ZIP	DALLAS, TX 75248
TITLE	MGR
NAME	SANCHEZ, LORI
STREET ADDRESS	17250 DALLAS PKWY., STE. 200
CITY-ST-ZIP	DALLAS, TX 75248
TITLE	MGR
NAME	DENNY, LUDWELL
STREET ADDRESS	17250 DALLAS PKWY., STE. 200
CITY-ST-ZIP	DALLAS, TX 75248
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lori W Sanchez 2-22-08 972-407-2702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #