2006 LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT 04-24-2006 90048 003 ****50.00 DOCUMENT # M0400002159 1. Entity Name VKGS LLC 40058024 Principal Place of Business Mailing Address 3211 NEBRASKA AVENUE 3211 NEBRASKA AVENUE COUNCIL BLUFFS, IA 51501 COUNCIL BLUFFS, IA 51501 2. Principal Place of Business スプロフル・ロリン 3. Mailing Address 以也 Circle 717 Suite, Apt. #, etc CR2E083 (11/05) 01232006 210 City & State City & State 4. FEI Number Applied For 90-0177886 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ■ Addition TITLE TITLE Change Delete See attached STUART, LEONARD NAME 301 LOUTH STREET STREET ADDRESS STREET ADDRESS ST. CATHERINES, ONT., CANADA, CITY-ST-ZIP CITY-ST-ZIP MGR TITLE Delete ☐ Change ☐ Addition BAUER, JOHN R NAME NAME 411 WEST PUTNAM AVE., SUITE 225 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENWICH, CT 06830 CITY-ST-ZIP MGR ☐ Addition TITLE Delete TITLE ☐ Change STUART, TIMOTHY NAME NAME STREET ADDRESS 3211 NEBRASKA AVE. STREET ADDRESS COUNCIL BLUFFS, IA 51501 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 of trustee empowered to exercise this report as required by Chapter 608, Florida Statutes.

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

FILED

M040000002159

VKGS LLC DIRECTORS & OFFICERS & MEMBERS

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