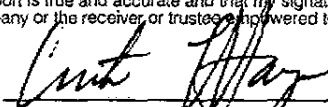


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000085			
1. Entity Name MTV ASSOCIATES II, L.L.C.			
Principal Place of Business 101 N. PHILLIPS AVE. P.O. BOX 5953 SIOUX FALLS, SD 57117		Mailing Address 101 N ROBINSON STE 800 OKLAHOMA CITY, OK 73102	
DO NOT WRITE IN THIS SPACE			
		04222004 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 46-0443849	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ZEIGLER, PAUL A 106 EAST COLLEGE AVENUE, SUITE 1200 TALLAHASSEE, FL 32301		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			
U00000154096 05/04/04-80152-018 50.00			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	DO NOT WRITE IN THIS SPACE	
NAME	MOORE, P. MARK		
STREET ADDRESS	101 N ROBINSON STE 800		
CITY - ST - ZIP	OKLAHOMA CITY, OK 73102		
TITLE	MGR		
NAME	HAYES, CURTIS L		
STREET ADDRESS	101 N ROBINSON STE 800	DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP	OKLAHOMA CITY, OK 73102		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP			
TITLE			
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:  CURTIS L. HAYES		4/28/04 405.605.1244	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	