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	Mailing Address
101 N. PHILLIPS AVE. P.O. BOX 5953 SIOUX FALLS, SD 57117	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000154096
05/04/04-80152-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
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
CITY-ST-ZIP	OKLAHOMA CITY, OK 73102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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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 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 #