

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90420 010 \*\*\*\*50.00

**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

**20010691**



01242006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 46-0443849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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, 2006**

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	

**DO NOT WRITE IN THIS SPACE**

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: *Curtis Hayes* CURTIS L HAYES MANAGER 2/15/06 405-685-1244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #