

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90029 030 ****50.00

DOCUMENT # M990000000085

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

**3600 W. MAIN ST., STE. 150
NORMAN OK 73072**

2. Principal Place of Business

3. Mailing Address

101 N ROBINSON,

Suite, Apt. #, etc.

SUITE 800

City & State

**CITY & STATE
OKLAHOMA CITY OK**

Zip

Country

**Zip
73102**

Country

4. FEI Number **46-0443849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ZEIGLER, PAUL A
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MOORE, P. MARK**
STREET ADDRESS **3600 W. MAIN STREET, SUITE 150**
CITY-ST-ZIP **NORMAN OK 73072**

TITLE **MGR** ☐ Delete
NAME **HAYES, CURTIS L**
STREET ADDRESS **3600 W. MAIN STREET, SUITE 150**
CITY-ST-ZIP **NORMAN OK 73072**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **101 N ROBINSON, SUITE 800**
CITY-ST-ZIP **OKLAHOMA CITY, OK 73102**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **101 N. ROBINSON, SUITE 800**
CITY-ST-ZIP **OKLAHOMA CITY, OK 73102**

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TITLE ☐ Change ☐ Addition
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:

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

Curtis L. Hayes
REQUIRED CURTIS L. HAYES

4/8/03

Date

405-605-1244

Daytime Phone #

CR2E083 (10/02)

0074546