

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90243 018 \*\*\*\*50.00

<b>DOCUMENT # L04000017722</b>	
1. Entity Name <b>INDY RADIO, LLC</b>	

Principal Place of Business <b>4840 SW 80TH ST MIAMI FL 33143</b>	Mailing Address <b>4840 SW 80TH ST MIAMI FL 33143</b>
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2. Principal Place of Business <b>1172 S. Dixie Hwy Suite, Apt. #, etc. #413</b>	3. Mailing Address <b>1172 S. Dixie Hwy Suite, Apt. #, etc. 413</b>
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City & State <b>Coral Gables FL</b>	City & State <b>Coral Gables FL</b>
Zip <b>33146</b> Country <b>USA</b>	Zip <b>33146</b> Country <b>USA</b>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent <b>OASIS, RUSS 4840 SW 80TH ST MIAMI FL 33143</b>		4. FEI Number <b>64-3787547</b>		Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
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 \_\_\_\_\_ (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, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE <b>Director</b>	<input type="checkbox"/> Delete
NAME <b>RUSS OASIS</b>	
STREET ADDRESS <b>4840 SW 80 St.</b>	
CITY-ST-ZIP <b>MIAMI FL 33143</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Russ Oasis 3/16/05 3056676800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #