


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90345 025 \*\*\*\*55.00

**DOCUMENT # L06000106585**

1. Entity Name  
**SEVEN BRIDGES RADIO, LLC**



Principal Place of Business <b>1908 1ST STREET NORTH          JACKSONVILLE, FL 32250</b>	Mailing Address <b>1908 1ST STREET NORTH          JACKSONVILLE, FL 32250</b>
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**60033876**



2. Principal Place of Business, No P.O. Box # <b>9090 HOGAN RD.</b>	3. Mailing Address <b>9090 Hogan Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01152007 Chg-LLC CR2E083 (12/06)

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>	4. FEI Number <b>20-585407</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>32216</b>	Country <b>USA</b>	Zip <b>32216</b>	Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVENUE, SUITE 3000  
 MIAMI, FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

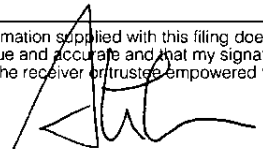
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGR  
 STEVEN GIFFIN  
 9090 HOGAN RD.  
 JACKSONVILLE FL 32216**

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:**  **4/05/07** **904-673-9745**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #