

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000449

FILED
Jan 06, 2005
Secretary of State

Entity Name: VERO RADIO BROADCASTERS LLC

Current Principal Place of Business:

2255 GLADES RD, #237
BOCA RATON, FL 33431

New Principal Place of Business:

2255 GLADES RD, #221
BOCA RATON, FL 33431

Current Mailing Address:

2255 GLADES RD, #237
BOCA RATON, FL 33431

New Mailing Address:

2255 GLADES RD, #221
BOCA RATON, FL 33431

FEI Number: 65-1028767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERS, LAURIE
2255 GLADES RD, #221
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RUBENSTEIN, MITCHELL
Address: 2255 GLADES RD, #237
City-St-Zip: BOCA RATON, FL

Title: MGRM () Delete
Name: SILVERS, LAURIE
Address: 2255 GLADES RD, #237
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUBENSTEIN, MITCHELL
Address: 2255 GLADES RD, #221
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Change () Addition
Name: SILVERS, LAURIE
Address: 2255 GLADES RD, #221
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MITCHELL RUBENSTEIN

MGRM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date