

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90025 004 \*\*\*\*50.00



**DOCUMENT # M03000000174**  
 1. Entity Name  
**TELEFUTURA MIAMI LLC**

Principal Place of Business      Mailing Address  
**500 FRANK W BURR BLVD 6TH FL**      **500 FRANK W BURR BLVD 6TH FL**  
**TEANECK, NJ 07666-6802**      **TEANECK, NJ 07666-6802**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



02082005    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired            **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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, 2005**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete <b>TELEFUTURA TELEVISION GROUP, INC.</b> <b>1999 AVENUE OF THE STARS, SUITE 3050</b> <b>LOS ANGELES, CA 90067</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**      **2/14/05**      **(201) 287-4313**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #