2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000003327

1. Entity Name

TVC BROADCASTING LLC



FILED Apr 29, 2008 08:00 AM Secretary of State

Principal Place of Business

10005 N.W. 19TH STREET MIAMI, FL 33172

Mailing Address

PO BOX 226890 MIAMI, FL 33122



04112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1446933 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

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8.	The above named entity submits this statement for the purpose of changing its registered office	or registered agent	t, 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 \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAU-PELEGRI, JOSE R 10005 N.W. 19TH STREET MIAMI, FL 33172			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, ANTONIO L 10005 N.W. 19TH STREET DORAL, FL 33172			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR FONALLEDAS, JANINE 10005 NW 19TH ST MIAMI, FL 33172			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

05/22/08-80045-010 143.75

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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 it 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 AND TYPED OR PRINTER NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ANTONIO L. TORRES

04/14/08 Date

305-994-1700

Daytime Phone #