


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # M04000003472 1. Entity Name GF BROADCASTING OF MIAMI LLC	
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Principal Place of Business 1925 BRICKELL AVE., SUITE D-1004 MIAMI, FL 33129	Mailing Address P.O. BOX 226890 MIAMI, FL 33122-6890
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04112008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 66-0645580	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

TVC BROADCASTING LLC  
1005 NW 19TH STREET  
MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGRM GRAU, JOSE R CALLE 418A AKM BLDG., SUITE 301 SAN JUAN, PR 00920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, ANTONIO L 10005 NW 19TH STREET DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONALLEDAS, JANINE CALLE 418A AKM BLDG STE 301 SAN JUAN, PR 00920
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05/22/08-80045-012 143.75

**DO NOT WRITE IN THIS SPACE**

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: Antonio L. Torres ANTONIO L. TORRES 04/14/08 305-994-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #