

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90216 019 ****55.00

DOCUMENT # M04000003327					
1. Entity Name TVC BROADCASTING LLC					
Principal Place of Business 10005 N.W. 19TH STREET MIAMI, FL 33172			Mailing Address 10005 N.W. 19TH STREET MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address P.O. BOX 226890			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI, FL		4. FEI Number 20-1446933	
Zip		Country 33122-6890		Country MIAMI-DADE	
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				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAU-PELEGRI, JOSE R 10005 N.W. 19TH STREET MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, ANTONIO L. 10005 NW 19TH STREET DORAL, FL 33172	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUBAS RUIZ, GUSTAVO 10005 N.W. 19TH STREET MIAMI, FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, LUIS A. CALLE 418A AKM BUILDING, SUITE # 301 SAN JUAN, PR 00920	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAU ESTEBAN, ENRIQUE 10005 N.W. 19TH STREET MIAMI, FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, LUIS A. CALLE 418A AKM BUILDING, SUITE # 301 SAN JUAN, PR 00920	☐ Change ☐ Addition
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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 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		03/17/06 (305) 994-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	