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

Principal Place of Business	Mailing Address
1925 BRICKELL AVE., SUITE D-1004 MIAMI, FL 33129	P.O. BOX 226890 MIAMI, FL 33122-6890

DO NOT WRITE IN THIS SPACE

04112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
66-0645580
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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05/22/08-80045-012 143.75

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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 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: [signature] 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 #