

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000014793

**Entity Name:** BROADCASTMED, LLC

**Current Principal Place of Business:**

400 N. ASHLEY DRIVE  
STE 2600  
TAMPA, FL 33602

**FILED**  
**May 24, 2024**  
**Secretary of State**  
**7456582152CC**

**Current Mailing Address:**

400 N. ASHLEY DRIVE  
STE 2600  
TAMPA, FL 33602 US

**FEI Number: 06-1401536**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AP  
Name GAILEY, PETER  
Address 400 N. ASHLEY DRIVE  
STE 2600  
City-State-Zip: TAMPA FL 33602

Title AP  
Name LEE, CHARLIE  
Address 400 N. ASHLEY DRIVE  
STE 2600  
City-State-Zip: TAMPA FL 33602

Title AP  
Name AUILER, KAREN  
Address 400 N. ASHLEY DRIVE  
STE 2600  
City-State-Zip: TAMPA FL 33602

Title AP  
Name FIDANZA, VINCENT  
Address 400 N. ASHLEY DRIVE  
STE 2600  
City-State-Zip: TAMPA FL 33602

Title AP  
Name SADOWSKI, MICHAEL  
Address 400 N. ASHLEY DRIVE  
STE 2600  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL SADOWSKI**

**CFO**

**05/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date