2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F07000002074

Entity Name: EQUITY MEDIA HOLDINGS CORPORATION

Current Principal Place of Business:

1 SHACKLEFORD ROAD STE 400
LITTLE ROCK, AR 72211

New Principal Place of Business:

Current Mailing Address:

1 SHACKLEFORD ROAD STE 400
LITTLE ROCK, AR 72211

New Mailing Address:

FEI Number: 20-2763411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LUKEN, HENRY III
Address: 1 SHACKLEFORD ROAD STE 400
City-St-Zip: LITTLE ROCK, AR 72211

Title: D ( ) Delete
Name: FLYNN, MICHAEL T
Address: 1 SHACKLEFORD ROAD STE 400
City-St-Zip: LITTLE ROCK, AR 72211

Title: D ( ) Delete
Name: PIERRE, MIKE W
Address: 1 SHACKLEFORD ROAD STE 400
City-St-Zip: LITTLE ROCK, AR 72211

Title: D ( ) Delete
Name: MORTON, LARRY E
Address: 1 SHACKLEFORD ROAD STE 400
City-St-Zip: LITTLE ROCK, AR 72211

Title: D ( ) Delete
Name: KADRE, MANUEL
Address: 1 SHACKLEFORD ROAD STE 400
City-St-Zip: LITTLE ROCK, AR 72211

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CRO (X) Change ( ) Addition
Name: KELLY, KIM
Address: 1 SHACKLEFORD ROAD STE 400
City-St-Zip: LITTLE ROCK, AR 72211

Title: D (X) Change ( ) Addition
Name: BECKER, ROBERT B
Address: 1 SHACKLEFORD ROAD STE 400
City-St-Zip: LITTLE ROCK, AR 72211

Title: D (X) Change ( ) Addition
Name: PIERCE, MIKE W
Address: 1 SHACKLEFORD ROAD STE 400
City-St-Zip: LITTLE ROCK, AR 72211

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: ROBERTS, JASON
Address: 1 SHACKLEFORD DR., STE. 400
City-St-Zip: LITTLE ROCK, AR 72211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON ROBERTS S 04/27/2009

Electronic Signature of Signing Officer or Director — Date