

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000004084

1. Entity Name
GRANT BROADCASTING SYSTEM II, INC.



Principal Place of Business
**915 MIDDLE RIVER DRIVE, SUITE 409
FORT LAUDERDALE, FL 33303**

Mailing Address
**915 MIDDLE RIVER DRIVE, SUITE 409
FORT LAUDERDALE, FL 33303**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0419403** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

**U00000472984
03/30/06-80016-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE **PVST**
NAME **GRANT, MILTON**
STREET ADDRESS **915 MIDDLE RIVER DRIVE, STE. 409**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33303**

TITLE **D**
NAME **GRANT, MILTON**
STREET ADDRESS **915 MIDDLE RIVER DRIVE, STE. 409**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33303**

TITLE **AS**
NAME **RYAN, MARK P**
STREET ADDRESS **1217 ORANGE ISLE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

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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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark P Ryan* **Asst Sec** 3/17/06 (954) 565-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #