2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

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Entity Name: HOMETOWN NEWS, L.C.

Current Principal Place of Business:

2814 SOUTH US HWY 1
D-11
FORT PIERCE, FL 34982 US

New Principal Place of Business:

1102 SOUTH US HWY 1
FORT PIERCE, FL 349505108 US

Current Mailing Address:

2814 SOUTH US HWY 1
D-11
FORT PIERCE, FL 34982 US

New Mailing Address:

1102 SOUTH US HWY 1
FORT PIERCE, FL 349505108 US

FEI Number: 03-0379893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, VERNON D
1600 S. FEDERAL HIGHWAY
FT. PIERCE, FL 34950 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ERLANGER, STEVEN E
Address: 2814 SOUTH US HIGHWAY #1
City-St-Zip: FT. PIERCE, FL 34982

Title: CFO ( ) Delete
Name: MOOTY, LEE
Address: 2814 SOUTH US HIGHWAY #1
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ERLANGER, STEVEN E
Address: 1102 SOUTH US HWY 1
City-St-Zip: FT. PIERCE, FL 349505108 US

Title: CFO (X) Change ( ) Addition
Name: MOOTY, LEE
Address: 1102 SOUTH US HWY 1
City-St-Zip: FT. PIERCE, FL 349505108 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LEE MOOTY CFO 04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date