

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018930

Entity Name: HOMETOWN NEWS, L.C.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1102 SOUTH US HWY 1
FORT PIERCE, FL 349505108 US

New Principal Place of Business:

Current Mailing Address:

1102 SOUTH US HWY 1
FORT PIERCE, FL 349505108 US

New Mailing Address:

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:

SMITH, VERNON D
1102 SOUTH US HWY 1
FT. PIERCE, FL 34950 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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: CEO () Delete
Name: KENDALL, JIM
Address: 1102 SOUTH US HWY 1
City-St-Zip: FT. PIERCE, FL 349505108 US

ADDITIONS/CHANGES:

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

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

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

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 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

04/13/2009

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