

FILED  
Sep 09, 2004 8:00 am  
Secretary of State

09-09-2004 90073 010 \*\*\*\*55.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000004511

1. Entity Name  
MBC NEWS, LLC



Principal Place of Business  
1801 HALSTEAD BLVD.  
TALLAHASSEE, FL 32309

Mailing Address  
1801 HALSTEAD BLVD.  
TALLAHASSEE, FL 32309

24084540



07072004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1584419** ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRILLANTE, ROBERT  
1801 HALSTEAD BLVD.  
TALLAHASSEE, FL 32309

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE MGRM ☐ Delete  
NAME BRILLANTE, ROBERT  
STREET ADDRESS 1801 HALSTEAD BLVD.  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME GARY, WILLIE  
STREET ADDRESS 800 FORREST STREET, NW  
CITY-ST-ZIP ATLANTA, GA 30318

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Twanna Munroe TWANNA MUNROE 9/7/4 678-298-4163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #