
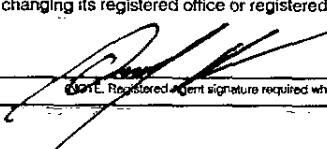
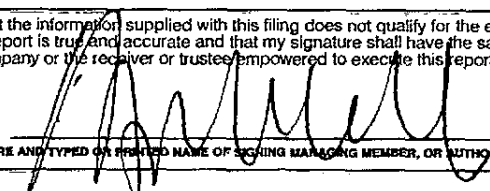


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033142		
1. Entity Name CONNECTICUT SCHOOL OF BROADCASTING PALM BEACH GARDENS, LLC		
Principal Place of Business 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403	Mailing Address 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BANNER, DAVID 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403		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 <u>DAVID BANNER</u>  <u>1-17-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (If L, Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBINSON, NICHOLAS H 130 BIRDSEYE ROAD FARMINGTON, CT 06032	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  <u>1-17-05</u> <u>954-336-5388</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #		



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0735220

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000195088
01/26/05-80013-020 55.00