



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90189 026 ****50.00

DOCUMENT # L03000037043 1. Entity Name H F BROADCASTING PERRY L C					
Principal Place of Business 872 HIGHWAY 27 EAST PERRY, FL 32347 US			Mailing Address 1019 HIDDEN VALLEY ROAD P.O. BOX 658 SHAFTSBURY, VT 05262 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 872 Hwy 27 East Suite, Apt. #, etc.			
City & State		City & State Perry FL		4. FEI Number 05-0587768	
Zip 32347		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL ZOOM NEVADA, INC. 111 N.E. FIRST STREET SUITE 901 MIAMI, FL 33132				7. Name and Address of New Registered Agent Name GARY L. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 872 Hwy 27 E City Perry FL Zip Code 32347	
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 GARY L. WILLIAMS, President Larry S. Wilborn, President April 19, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, GARY L 872 HIGHWAY 27 EAST PERRY, FL 32347	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: GARY L. WILLIAMS, President Larry S. Wilborn, President 4/19/04 850 223-1400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					