

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017017

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** LEIBOWITZ BROADCASTING LLC

**Current Principal Place of Business:**

ONE SE THIRD AVE, STE 1450  
MIAMI, FL 33131

**New Principal Place of Business:**

4400 BISCAYNE BLVD.  
SUITE 880  
MIAMI, FL 33137

**Current Mailing Address:**

ONE SE THIRD AVE, STE 1450  
MIAMI, FL 33131

**New Mailing Address:**

4400 BISCAYNE BLVD.  
SUITE 880  
MIAMI, FL 33137

FEI Number: 20-2391769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEIBOWITZ, MATTHEW L  
ONE SE THIRD AVE, STE 1450  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

LEIBOWITZ, MATTHEW L  
4400 BISCAYNE BLVD.  
SUITE 880  
MIAMI, FL 33137 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:

01/16/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEIBOWITZ, MATTHEW L  
Address: ONE SE THIRD AVENUE SUITE # 1450  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEIBOWITZ, MATTHEW L  
Address: 4400 BISCAYNE BLVD. SUITE # 880  
City-St-Zip: MIAMI, FL 33137 US

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: MATTHEW L. LEIBOWITZ

MGRM

01/16/2009

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