2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L04000073162

Entity Name: WWOW OF GAINESVILLE, LLC

Current Principal Place of Business:

1314 N.W. 94TH STREET
GAINESVILLE, FL 32606

New Principal Place of Business:

1314 NW 94TH ST
GAINESVILLE, FL 32606

Current Mailing Address:

1314 N.W. 94TH STREET
GAINESVILLE, FL 32606

New Mailing Address:

1314 NW 94TH ST
GAINESVILLE, FL 32606

FEI Number: 76-0767561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYMOUR, GAYLE T
1314 N.W. 94TH STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SEYMOUR, GAYLE T
Address: 1314 NW 94TH ST
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete
Name: CATHERINE, HUBER S
Address: 6570 NW 109TH PL
City-St-Zip: ALACHUA, FL 32615

Title: MGRM ( ) Delete
Name: GREEN, MARTHA J
Address: 5631 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

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: GAYLE SEYMOUR MM 04/26/2009

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