FILED 2005 LIMITED LIABILITY COMPANY Apr 06, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L04000089385 1. Entity Name 04-06-2005 90024 008 ****50.00 METRO BROADCASTING COMPANY, LLC Principal Place of Business Mailing Address P.O. BOX 1796 P.O. BOX 1796 **BOCA RATON FL 33429 BOCA RATON FL 33429** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number Not Applicable Country Ζiρ Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOLDEN, GENE A Street Address (P.O. Box Number is Not Acceptable) 800 N.E. 39TH STREET **BOCA RATON FL 33431** Zip Code 8. The above period 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 objections of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State 18/6/14/2019 Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 TITLE MGRM □ Defete TITLE Change Addition NAME FOLDEN, GENE A NAME STREET ADDRESS P.O. BOX 1796 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33429 ☐ Delete Change ☐ Addition TITLE TITLE

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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3.31.05

561.367.9300

Daytime Phone #

Change

Addition