
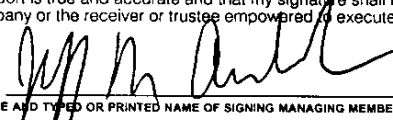


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90053 050 ****50.00

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|--|--|--|--|---|--|
| DOCUMENT # L05000039957 1. Entity Name SENTRY COMMUNICATIONS LICENSE, LLC | | | |  | |
| Principal Place of Business 210 CASHUA STREET DARLINGTON, SC 29532 | | | Mailing Address 210 CASHUA STREET DARLINGTON, SC 29532 | | |
| 2. Principal Place of Business - No P.O. Box # 2086 OLD STATE ROAD | | 3. Mailing Address 2086 OLD STATE ROAD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State MANASSASBURG PA | | City & State MANASSASBURG, PA | | 4. FEI Number 20-3271894 | |
| Zip 16932 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANTHONY T. LEPORE, ESQ., P.A. 1890 N.W. 139TH TERRACE, SUITE 200 PEMBROKE PINES, FL 33028 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDRULONIS, JEFFREY 210 CASHUA STREET DARLINGTON, SC 29532 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDRULONIS, JEFFREY 2086 OLD STATE ROAD MANASSASBURG, PA 16932 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | 7 JAN 07 910-222-3776 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |