2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L05000088979** 02-07-2008 90086 012 ***138.75 PROFESSIONAL BROADCASTING, LLC Mailing Address Principal Place of Business 2710 WEST ATLANTIC AVE 13053 S.W. 41ST ST **UUUUU** 4 4 W DELRAY BEACH, FL 33445 **DAVIE, FL 33330** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2710 WEST ATLANTIC AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02022008 CR2E083 (12/06) Cha-LLC City & State 4. FEI Number Applied For 20-4818674 Not Applicable \$5.00 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Re **BRESKY, ROY** Street Address (P.O. Box Number is Not Acceptable) 7379 SEDONA WAY DELRAY BEACH, FL 33446 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change ■ Addition NAME GINSBURG, JORDAN E NAME 20310 FAIRWAY OAKS DR - APT 171 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP MGRM Delete ☐ Change Addition GINSBURG, BETTY A NAME 20310 FAIRWAY OAKS DR - APT 171 STREET ADDRESS STREET ADDRESS CITY-ST-70P BOCA RATON, FL 33434 CITY-ST-7/P ☐ Change ☐ Delete TITLE ☐ Addition IIILE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change - - Addition TITLE HILE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete IIILE IME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 III MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

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Feb 07, 2008 8:00 am