



FILED
Mar 24, 2006 8:00 am
Secretary of State

03-09-2006 90003 009 ****45.00
01-24-2006 90041 004 *****5.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000108349			
1. Entity Name CONNECTICUT SCHOOL OF BROADCASTING ORLANDO, LLC			
Principal Place of Business 3450 NORTHLAKE BOULEVARD, SUITE 110 PALM BEACH GARDENS, FL 33403		Mailing Address 3450 NORTHLAKE BOULEVARD, SUITE 110 PALM BEACH GARDENS, FL 33403	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4530675		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BANNER, DAVID P 3450 NORTHLAKE BOULEVARD, SUITE 110 PALM BEACH GARDENS, FL 33403		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 _____ <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROBINSON, NICHOLAS H 130 BIRDSEYE ROAD FARMINGTON, CT 06032 <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
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
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
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 person or persons empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DAVID BANNER C.O.O. 3/6/06 561-842-2006	
SIGNATURE AND TITLE OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



ATTACHMENT

30003330

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

CONNECTICUT SCHOOL OF BROADCASTING ORLANDO, LLC
3450 NORTHLAKE BOULEVARD, SUITE 110
PALM BEACH GARDENS, FL 33403

Subject: **CONNECTICUT SCHOOL OF BROADCASTING ORLANDO, LLC**

Reference Number:

L05000108349

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

ATTACHMENT

30003330
#L05000108349



*Connecticut School of Broadcasting Palm Beach Gardens,
LLC*

3450 Northlake Blvd, Suite 110
Palm Beach Gardens, FL 33403
1-800-TV-RADIO
(561) 842-2000
(561) 842-9846 fax
dbanner@800tvradio.com

Date: March 22ND, 2006
To: Division of Corporations
From: *David P. Banner*
Re: Annual Report Form

Enclosed is our Annual Report for our Orlando Connecticut School of Broadcasting. I'm sorry for the oversight in leaving the Federal Tax ID number out.

Thank you-