## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000119368

Entity Name: PARADISE TV LLC

Name:

Address:

City-St-Zip:

NOLTE, MARK

5053 OCEAN BLVD #14

SARASOTA, FL 34242 US

FILED Jul 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5053 OCEAN BLVD #14 SARASOTA, FL 34242 US **Current Mailing Address: New Mailing Address:** 2090 PALM BEACH LAKES BLVD 5053 OCEAN BLVD #14 SARASOTA, FL 34242 US SUITE 300 WEST PALM BEACH, FL 33409 US FEI Number: 55-0911335 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEDIA FINANCIAL SERVICES 8910 ÓLDE HICKORY AVENUE 2090 PALM BEACH LAKES BLVD SUITE 300 SARASOTA, FL 34238 US WEST PALM BEACH, FL 33409 US 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: TRACEY KARM 07/28/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SHERWOOD, BURT Name: Name: Address: 5053 OCEAN BLVD #14 Address: City-St-Zip: SARASOTA, FL 34242 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: MATZ, KEN Name: Address: 5053 OCEAN BLVD #14 Address: City-St-Zip: SARASOTA, FL 34242 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KOMPAS, JOHN Name: Name: 5053 OCEAN BLVD #14 Address: Address: City-St-Zip: SARASOTA, FL 34242 US City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BURT SHERWOOD MGRM 07/28/2006