

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015853

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: PHILLIPS BROADCASTING, LLC

**Current Principal Place of Business:**

19 OLD MISSION AVENUE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

567 LEWIS POINT EXTENSION  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

19 OLD MISSION AVENUE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

567 LEWIS POINT EXTENSION  
ST. AUGUSTINE, FL 32086

FEI Number: 20-4770289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEXANDER, J. STEPHEN  
19 OLD MISSION AVENUE  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

PHILLIPS, KRISTINE  
567 LEWIS POINT EXTENSION  
ST. AUGUSTINE, FL 32086 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: KRISTINE PHILLIPS

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PHILLIPS, KRISTINE L  
Address: 19 OLD MISSION AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PHILLIPS, KRISTINE L  
Address: 567 LEWIS POINT EXTENSION  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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

SIGNATURE: KRISTINE PHILLIPS

MGRM

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date