



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90040 016 \*\*\*\*50.00

<b>DOCUMENT # L06000021775</b> 1. Entity Name <b>BUTLER BROADCAST CONSULTING, LLC</b>					
Principal Place of Business <b>137 VALENCIA</b> <b>ISLAMORADA, FL 33036 US</b>			Mailing Address <b>137 VALENCIA</b> <b>ISLAMORADA, FL 33036 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1780 HOLLY</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>FAYETTEVILLE AR</b> Zip <b>72703</b>		Country <b>USA</b>	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BUTLER, STEPHEN T SR</b> <b>137 VALENCIA</b> <b>ISLAMORADA, FL 33036</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>BUTLER, STEPHEN T SR</b> <b>137 VALENCIA</b> <b>ISLAMORADA, FL 33036</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>BUTLER, STEPHEN T JR</b> <b>137 VALENCIA</b> <b>ISLAMORADA, FL 33036</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>RANDALL, CAROLYN J</b> <b>137 VALENCIA</b> <b>ISLAMORADA, FL 33036</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>8/29/07</b> <b>479-582-3776</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		