2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
01-11-2007 90129 030 ****50.00

DOCUMENT # L06000090731

1. Entity Name
PROFESSIONAL BROADCASTING LAND HOLDINGS, LLC

Principal Place of Business	Mailing Address
2710 W. ATLANTIC AVENUE DELRAY BEACH, FL 33445	2710 W. ATLANTIC AVENUE DELRAY BEACH, FL 33445

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBENSTEIN, MITCHELL
2255 W. GLADES ROAD, SUITE 221A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name RICHARD VEGA
Street Address (P.O. Box Number is Not Acceptable) 2710 W. ATLANTIC AVENUE
City DELRAY BEACH FL Zip Code 33445

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] 1/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBENSTEIN, MITCHELL 2710 W. ATLANTIC AVENUE DELRAY BEACH, FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD VEGA 2710 W. ATLANTIC AVENUE DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVERS, LAURIE 2710 W. ATLANTIC AVENUE DELRAY BEACH, FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PABLO VEGA 2710 W. ATLANTIC AVENUE DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 1/4/07 305-794-9639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #