


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90014 040 \*\*\*\*50.00

<b>DOCUMENT # L06000101718</b> 1. Entity Name <b>POLLACK/BELZ TELECASTING LLC</b>					
Principal Place of Business <b>2211 THOMAS DRIVE SUITE 200 PANAMA CITY BEACH, FL 32408 US</b>			Mailing Address <b>2211 THOMAS DRIVE SUITE 200 PANAMA CITY BEACH, FL 32408 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2211 THOMAS DRIVE</b> Suite, Apt., etc. <b># 200</b>		3. Mailing Address <b>1811 ENGLAND DRIVE</b> Suite, Apt. #, etc.			
City & State <b>PANAMA CITY BEACH, FL</b>		City & State <b>ALEXANDRIA, LA</b>		4. FEI Number <b>20-5713830</b>	
Zip <b>32408</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ABNEY, KRISTEN B 2211 THOMAS DRIVE SUITE 200 PANAMA CITY BEACH, FL 32408</b>			7. Name and Address of New Registered Agent Name <b>ANNE M. EVANS-ANDRULOT</b> Street Address (P.O. Box Number is Not Acceptable) <b>2211 THOMAS DRIVE</b> <b>SUITE # 200</b> City <b>PANAMA CITY BEACH</b> <b>FL</b> Zip Code <b>32408</b>		
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 <i>Anne M. Evans-Andrulat</i> <b>ANNE M. EVANS-ANDRULOT</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) <b>GEN. SALES MGR.</b> <span style="float: right;">07-17-07</span> DATE					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT WILLIAM H. POLLACK 6699 WILD BERRY LANE MEMPHIS, TN 38119-5620</b> <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	<b>VICE-PRESIDENT MARTIN S. BELZ 5118 PARUL AVENUE SUITE # 249 MEMPHIS, TN 38117-5720</b> <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	<b>SECRETARY, TREASURER DAVID L. POLLACK 8155 STANFORD COURT ST. LOUIS, MO, 63130-3600</b> <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	<b>VICE-PRESIDENT - OPERATIONS KENNETH R. NOLAN 1811 ENGLAND DRIVE ALEXANDRIA, LA 71303-4115</b> <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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. <b>SIGNATURE: <i>Kenneth R. Nolan</i> <b>KENNETH R. NOLAN</b></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>V.P. - OPERATIONS</b> <span style="float: right;">07-16-07 850-249-9243</span> Date Daytime Phone #					