


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11: 10

DOCUMENT # L06000102483						TALLAHASSEE, FLORIDA 08 MAY -1 AM 11:10	
1. Entity Name DEAN RADIO.TV COMPANY-GRINNELL, LLC							
Principal Place of Business 525 SOUTH FLAGLER DRIVE, SUITE 21-A WEST PALM BEACH, FL 34101				Mailing Address 525 SOUTH FLAGLER DRIVE, SUITE 21-A WEST PALM BEACH, FL 34101			
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	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
GOODMAN, DEAN 525 SOUTH FLAGLER DRIVE, SUITE 21-A WEST PALM BEACH, FL 34101						Name	
						Street Address (P.O. Box Number is Not Acceptable)	
						City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODMAN, DEAN 525 SOUTH FLAGLER DRIVE, SUITE 21-A WEST PALM BEACH, FL 34101 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/20/08 Daytime Phone #			