2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# L06000107837

Entity Name: TAMPA BAY CHRISTIAN NETWORK LLC

Current Principal Place of Business:

8224 128TH STREET
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

8224 128TH STREET
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 56-2625860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERCE, PAUL L MGRM
8224 128TH ST.
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MM ( ) Delete
Name: PIERCE, PAUL L
Address: 8224 128TH STREET
City-St-Zip: SEMINOLE, FL 33776 US

Title: MM ( ) Delete
Name: HUNSINGER, CALVIN A
Address: 8224 128TH ST
City-St-Zip: SEMINOLE, FL 33776 US

Title: MM ( ) Delete
Name: PIERCE, MARILYN L
Address: 8224 128TH ST.
City-St-Zip: SEMINOLE, FL 33776 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAUL L. PIERCE DIR 05/19/2009

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