

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007114

Entity Name: 305 BROADCAST, LLC

FILED
Aug 22, 2008
Secretary of State

Current Principal Place of Business:

201 SUNRISE DRIVE
202
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

P.O. BOX 491406
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

1865 BRICKELL AVENUE
1513
MIAMI, FL 33129 US

New Mailing Address:

1865 BRICKELL AVENUE
1513
MIAMI, FL 33129 US

FEI Number: 20-8289835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HATTON, DAVID
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: LOPEZ, ALFONSO
Address: PO BOX 491406
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM (X) Delete
Name: ZOBEL, MARCOS
Address: 881 OCEAN DRIVE # 10-D
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ, ALFONSO
Address: 1865 BRICKELL AVENUE, #1513
City-St-Zip: MIAMI, FL 33129 US

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: ALFONSO LOPEZ

MGRM

08/22/2008

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