


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-15-2008 90116 002 ***138.75

DOCUMENT # L07000029801	
1. Entity Name INTERNATIONAL BROADCASTING COMPANY LLC	

Principal Place of Business 8211 WEST BROWARD BLVD., STE. 375 PLANTATION, FL 33324	Mailing Address 8211 WEST BROWARD BLVD., STE. 375 PLANTATION, FL 33324
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30006655



2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 43	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip 33429	Country U.S.A

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-2596997	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KLISTON, TODD W 8211 WEST BROWARD BLVD., STE. 375 PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name JOHN QUEMARS NAIMI	
Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD STE 375	
City PLANTATION	FL Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.G.R.M. NAIMI JOHN QUEMARS 8211 W. BROWARD BLVD #375 PLANTATION, FL 33324 <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
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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: <u>J. Naimi</u>	<u>4/21/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #