2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000051838

Entity Name: FLAGLER COUNTY BROADCASTING , LLC

Current Principal Place of Business:

3434 SW 26TH PLACE
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

3434 SW 26TH PLACE
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 26-0180345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, PATRICIA S
3434 SW 26TH PLACE
CAPE CORAL, FL 33914 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:	MARTIN, JAMES E	
Address:	P.O. BOX 1427	
City-St-Zip:	BOCA GRANDE, FL 33921	
Title:	MGR	( ) Delete
Name:	SMITHWICK, GARY S	
Address:	16598-B TIMBERLAKE DRIVE	
City-St-Zip:	FT. MYERS, FL 33908	
Title:	TREA	( ) Delete
Name:	WOODS, PATRICIA S	
Address:	3434 SW 26TH PLACE	
City-St-Zip:	CAPE CORAL, FL 33914	

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: PATRICIA S. WOODS TREA 03/20/2009

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