

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051838

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**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  
**Name:** MARTIN, JAMES E  
**Address:** P.O. BOX 1427  
**City-St-Zip:** BOCA GRANDE, FL 33921

**Title:** MGR  
**Name:** SMITHWICK, GARY S  
**Address:** 14561 DORY LANE  
**City-St-Zip:** FT. MYERS, FL 33908

**Title:** TREA  
**Name:** WOODS, PATRICIA S  
**Address:** 3434 SW 26TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

I hereby 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

02/26/2010

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