2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058417

Entity Name: RADIO NOW, LLC

Title:

Name:

Address:

City-St-Zip:

MGR

ULLOA, DAVID P

() Delete

15223 HERRIMAN BLVD STE 3

NOBLESVILLE, IN 46060

FILED Aug 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15223 HERRIMAN BLVD STE 3 15223 HERRIMAN BLVD NOBLESVILLE, IN 46060 STE 3 NOBLESVILLE, IN 46060 **Current Mailing Address: New Mailing Address:** 15223 HERRIMAN BLVD STE 3 15223 HERRIMAN BLVD NOBLESVILLE, IN 46060 STE 3 NOBLESVILLE, IN 46060 FEI Number: 77-0625985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ULLOA, CAROLYN 3725 TÚRTLE RUN BLVD APT 324 CORAL SPRINGS, FL 33067 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BAILEY, RICHARD Name: Name: Address: 15223 HERRIMAN BLVD STE 3 Address: City-St-Zip: NOBLESVILLE, IN 46060 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CRAFTON-BAILEY, KIRSTEN E Name: Name: Address: 15223 HERRIMAN BLVD STE 3 Address: City-St-Zip: NOBLESVILLE, IN 46060 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: RICHARD P BAILEY MGRM 08/20/2008