

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078550

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** SOUTHERN PACIFIC TOWERS, LLC

**Current Principal Place of Business:**

7106 LAIRD STREET  
SUITE 102  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

2605 THOMAS DRIVE  
SUITE 150  
PANAMA CITY BEACH, FL 32408 US

**Current Mailing Address:**

7106 LAIRD STREET  
SUITE 102  
PANAMA CITY BEACH, FL 32408 US

**New Mailing Address:**

2605 THOMAS DRIVE  
SUITE 150  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** 26-1737619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELMS, SCOTT  
2605 THOMAS DRIVE, STE 150  
PANAMA CITY BEACH, FL 32408 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: PRES  
Name: DURDEN, MICHAEL E  
Address: 2605 THOMAS DRIVE, SUITE 150  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: SEC  
Name: HELMS, SCOTT  
Address: 2605 THOMAS DRIVE, SUITE 150  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: TREA  
Name: ALLEN, LISA L  
Address: 2605 THOMAS DRIVE, SUITE 150  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGR  
Name: MAGIC BROADCASTING, LLC  
Address: 2605 THOMAS DRIVE, SUITE 150  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

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: LISA L. ALLEN

TREA

04/12/2010

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