

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082733

FILED
Sep 13, 2008
Secretary of State

Entity Name: SMTT BROADCASTING L.L.C.

Current Principal Place of Business:

4121 E. BUSCH
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

4121 E. BUSCH
TAMPA, FL 33617

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

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: TOLLIVER, DAVID C
Address: BOX 292098
City-St-Zip: TAMPA, FL 336872098

Title: MGRM () Delete
Name: HATHORN, SYNTHIA
Address: BOX 292098
City-St-Zip: TAMPA, FL 336872098

Title: MGRM () Delete
Name: MARSHALL, ANTONIO
Address: BOX 292098
City-St-Zip: TAMPA, FL 336872098

Title: MGRM () Delete
Name: TOLLIVER, DAVID L
Address: BOX 292098
City-St-Zip: TAMPA, FL 336872098

Title: MGRM () Delete
Name: TOLLIVER, MCKINELY
Address: BOX 292098
City-St-Zip: TAMPA, FL 336872098

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:

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: DAVID C. TOLLIVER

MGRM

09/13/2008

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