

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068775

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** PRIMETIME TELEVISION BROADCASTING LLC

**Current Principal Place of Business:**

932 B PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

932 B PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

CABANAS, JOHN H  
932 B PONCE DE LEON BLVD  
CORAL GABLES, FL 33134    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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      P                      ( ) Change (X) Addition  
Name:                      CABANAS, JOHN  
Address:                      932 B PONCE DE LEON BLVD  
City-St-Zip:                      CORAL GABLES, FL 33134 US

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: JOHN H CABANAS

P

04/27/2009

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