

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096653

Entity Name: KNOB HILL MEDIA, L.L.C.

FILED  
Feb 10, 2009  
Secretary of State

## Current Principal Place of Business:

1030 N ORANGE AVE  
SUITE 200  
ORLANDO, FL 32801 US

## New Principal Place of Business:

## Current Mailing Address:

1030 N ORANGE AVE  
SUITE 200  
ORLANDO, FL 32801 US

## New Mailing Address:

FEI Number: 26-3527421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
SUITE 4  
ORLANDO, FL 32803 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: P ( ) Delete  
Name: DESIMONE, JAMES M  
Address: 1030 N ORANGE AVE, SUITE 200  
City-St-Zip: ORLANDO, FL 32801 US

Title: VP ( ) Delete  
Name: CLARK, JAMES A  
Address: 1030 N ORANGE AVE, SUITE 200  
City-St-Zip: ORLANDO, FL 32801 US

Title: ST ( ) Delete  
Name: WALSH, RICHARD J  
Address: 1030 N ORANGE AVE, SUITE 200  
City-St-Zip: ORLANDO, FL 32801 US

## 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:

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: JAMES DESIMONE

P

02/10/2009

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