

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000007947

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: GC LICENSE, LLC

**Current Principal Place of Business:**

1200 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Mailing Address:**

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

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

ABBAS, MUAYAD  
1200 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: MGR  
Name: ABBAS, MUAYAD  
Address: 1200 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: ABELE, CHARLES R JR.  
Address: 1200 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: JAGO, DONAVON  
Address: 490 SAWGRASS CORPORATE PKWY, STE 310  
City-St-Zip: SUNRISE, FL 33325

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: MUAYAD ABBAS MGR 04/30/2012

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