FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

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port \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

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APPROVED AND FILED

1997 FEB -5 PN 12: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

of Limi	ted Liability Company	CUMENI	#TL9	6000	001095					
VTV BROADCAST TELEVISION, L.L.C. 800 WEST OAKLAND PARK BLVD. STE 100 FORT LAUDERDALE FL 33311						80	1a. Principal Place of Business Address 800 WEST OAKLAND PARK BLVD. S FORT LAUDERDALE FL 33311			
If above	mailing address is incorrect in any way. Ilr	ne through incorrec	t informa	tion and en	ter correction in Black	2a.				
	oat Place of Business	2a. Mail				3.	Date Organia	ed or Qualified	3a. State	of Formation
						hο	/17/19	96	FL	
Sulte, Apt	. #, etc.	Suite, Ap	t. #, etc.				FEI Number		<u> </u>	T <u></u>
						1		6/.11		Applied For
City & Sta	ite	City & St	ate			6	1-070	2464		Not Applicable
				—-т	5	5.	Date of Last	Report	6. Certific	ate of Status Desired
Zip	Country	Zip		1	Country				\$8.75 Addi	lional Fee Required
	7. Name and Address of Cu	rrent Registered	Agent		<u> </u>		me and Add	tress of New Re	egistered A	gent
	· · · · · · · · · · · · · · · · · · ·				Name				<u></u>	
800 W FORT	NG, ELLIS EST OAKLAND PARE LAUDERDALE FL 33 ant to the provisions of Sections 608 red office or registered agent, or both red agent, and accept the obligation	3 3 1 1 416 and 608.508 in the State of Flo	, Florida rida, Suc	Statutes, ch change	Suite, Apt. City	#, etc. limited liabil	ity company s		Zip Code	e purpose of changing
10. Title	Managing Members/Ma	nagers		E	Business Street Ad	dress		City	State and	Zip Code
MGR MGR	SIMRING, ELLIS RASABI, STEVE		1		OAKLAND		BLVD	FORT LA DDD21 -02/06.	uderd. 080: /970:	
1										150 107

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes, I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGN	ATU	IRE
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