

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000002959**

1. Entity Name  
**AMERICAN GREYHOUND BROADCAST ASSOCIATION,  
L.L.C.**



Principal Place of Business  
**10490 GANDY BOULEVARD  
ST. PETERSBURG, FL 33702-2395**

Mailing Address  
**P.O. BOX 22099  
ST. PETERSBURG, FL 32742-2099**



07092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3546352**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HLAS, STEPHEN P  
10490 GANDY BOULEVARD  
ST. PETERSBURG, FL 33702-2395**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	KORMAN, HOWARD I
STREET ADDRESS	4490 SOUTHSIDE BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGR
NAME	HLAS, STEPHEN P
STREET ADDRESS	10490 GANDY BOULEVARD
CITY-ST-ZIP	ST. PETERSBURG, FL 337022395
TITLE	MGR
NAME	LAUGHLIN, ARTHUR J
STREET ADDRESS	1111 NORTH CONGRESS AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 334096317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000166277  
07/15/04-80002-008 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #