

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90043 026 \*\*\*\*50.00

**DOCUMENT # M00000001485**

**1. Entity Name**

**NORTH FLORIDA BROADCASTING COMPANY, LLC**



**Principal Place of Business**

**3000 OLSEN ROAD  
TALLAHASSEE, FL 32308**

**Mailing Address**

**3000 OLSEN ROAD  
TALLAHASSEE, FL 32308**

**24053925**



**04092004 No Chg-LLC**

**CR2E083 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3660109**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**BENJAMIN, DAVID J III**  
**2511 GARDEN ROAD, BLDG. A, SUITE 104**  
**MONTEREY, CA 939405376**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**LINDAHL, JOHN E**  
**3600 IDS CTR-80 SOUTH EIGHTH ST**  
**MINNEAPOLIS, MN 55402**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**BURGE, STEVE**  
**333 SOUTH BRAND AVE STE 1150**  
**LOS ANGELES, CA 90071**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**COUCH, GEORGE W**  
**104 LEE ROAD**  
**WATSONVILLE, CA 25077**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**MILLER, CLIFFORD A**  
**4444 LAKESIDE DRIVE**  
**BURBANK, CA 91505**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**ROYER, STEPHEN D**  
**4444 LAKESIDE DRIVE**  
**BURBANK, CA 91505**

**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:**

*Stephen D Royer*

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

*4-9-04 831-655-6350*

Date

Daytime Phone #