

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000001825

1. Entity Name  
MESA COMMUNICATIONS GROUP LLC



Principal Place of Business  
6400 ARLINGTON BLVD., STE. 1000  
FALLS CHURCH, VA 22042

Mailing Address  
6400 ARLINGTON BLVD., STE. 1000  
FALLS CHURCH, VA 22042



02182004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2472023

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**

U000000074094  
03/03/04-80004-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WILLIAMS, MICHAEL T  
STREET ADDRESS 6400 ARLINGTON BLVD., STE. 1000  
CITY-ST-ZIP FALLS CHURCH, VA 22042

TITLE MGR  
NAME RUPERT, JOHN E  
STREET ADDRESS 612 CAREY HILL RD.  
CITY-ST-ZIP MONTGOMERY, PA 17754

TITLE MGR  
NAME SOMERS, NICHOLAS E  
STREET ADDRESS 540 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE MGR  
NAME YORT, W. MONTAGUE  
STREET ADDRESS 540 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE MGR  
NAME RHO, MATTHEW Y  
STREET ADDRESS 540 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

*Michael T. Williams*

Michael T. Williams

2/19/04

7035331312

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

Date

Daytime Phone #