


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000002859</b> 1. Entity Name <b>BOWLIN COMMUNICATIONS, LLC</b>	
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Principal Place of Business <b>12200 CHANDLER DRIVE WALTON, KY 41094</b>	Mailing Address <b>12200 CHANDLER DRIVE WALTON, KY 41094</b>
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07032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>61-1357413</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>
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**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 14, 2007**

000000768427  
07/12/07-80011-015 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWLIN, BLEVINS 12200 CHANDLER DRIVE WALTON, KY 41094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWLIN, KERRY S 12200 CHANDLER DR WALTON, KY 41094
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Blevins Bowlin Blevins Bowlin 7/3/07 (859)485-6922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #