2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000002859

BOWLIN COMMUNICATIONS, LLC



FILED Aug 14, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

12200 CHANDLER DRIVE WALTON, KY 41094

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

12200 CHANDLER DRIVE WALTON, KY 41094



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 61-1357413

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone in

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301			IN THIS SPACE	
The above named entity submits this statement the obligations of registered agent. SIGNATURE	nt for the purpose of changing its	registered office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
Signature, typed or printed name of registered a		E Registered Agent signature required when reinstating) s. 607.193(2)(b), F.S., the limited	DATE	
Due by September 12, 2008		d not receive the prior notice.	· · · · · · · · · · · · · · · · · · ·	
9. MANAGING MEI TITLE MGR BOWLIN, BLEVINS STREET ADDRESS CITY- ST- ZIP WALTON, KY 41094	MBERS/MANAGERS			
TITLE MGR NAME BOWLIN, KERRY S STREET ADDRESS 12200 CHANDLER DR CITY-ST-ZIP WALTON, KY 41094			U00000957711 08/14/08-80003-011 143.75	
TITLE				

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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 path; 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

NTES NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE