

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000319

FILED
Jul 13, 2004
Secretary of State

Entity Name: AUCTION BROADCASTING COMPANY, LLC

Current Principal Place of Business:

1919 SOUTH POST ROAD
INDIANAPOLIS, IN 46239

New Principal Place of Business:

Current Mailing Address:

1919 SOUTH POST ROAD
INDIANAPOLIS, IN 46239

New Mailing Address:

FEI Number: 35-2086532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HOCKETT, D. MICHAEL
Address: 1919 S. POST ROAD
City-St-Zip: INDIANAPOLIS, IN

Title: MGRM () Delete
Name: MISKOTTEN, CARL
Address: 1919 S. POST ROAD
City-St-Zip: INDIANAPOLIS, IN

Title: MGRM () Delete
Name: KNOX, TRENT
Address: 1919 S. POST ROAD
City-St-Zip: INDIANAPOLIS, IN

Title: MGRM () Delete
Name: WECHTER, LARRY
Address: 111 MONUMENT CIRCLE STE 652
City-St-Zip: INDIANAPOLIS, IN

Title: MGRM () Delete
Name: WILLIAMS, JERRY
Address: 111 MONUMENT CIRCLE STE 652
City-St-Zip: INDIANAPOLIS, IN

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TRENT KNOX

MEM.

07/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date