

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M02000000319

**FILED**  
**May 01, 2006**  
**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 ( )****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/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** HOCKETT, D. MICHAEL  
**Address:** 1919 S. POST ROAD  
**City-St-Zip:** INDIANAPOLIS, IN 46239 US**Title:** MEM ( ) Delete  
**Name:** LAMONT, JOHN  
**Address:** 400 N. ROCK ROAD  
**City-St-Zip:** FORT PIERCE, FL 34945 US**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGRM (X) Change ( ) Addition  
**Name:** G PATRICK, STILLMAN  
**Address:** 1505 NEWPORT ROAD  
**City-St-Zip:** MANHEIM, PA 17545 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: D. MICHAEL HOCKETT

MGRM

05/01/2006

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