2005 LIMITED LIAB以ITY COMPANY ANNUAL REPORT

Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # M04000000568 GRANT MEDIA LLC** Principal Place of Business __ Mailing Address 915 MIDDLE RIVER DR. STE 409 915 MIDDLE RIVER DR, STE 409 FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL_33304 04252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0617170 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 (NOTE, Registered Agent signature required when roinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM THUE GRANT BROADCASTING SYSTEM II, INC. NAME STREET ADDRESS 915 MIDDLE RIVER DR, STE 409 FORT LAUDERDALE, FL 33304 City-ST-ZIP TITLE U00000341355 NAME 04/29/05-80013-005 50.nn STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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

NAME STREET ADDRESS CITY-ST-ZIP

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

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