


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000000568</b> 1. Entity Name GRANT MEDIA LLC	
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Principal Place of Business 915 MIDDLE RIVER DR, STE 409 FORT LAUDERDALE, FL 33304	Mailing Address 915 MIDDLE RIVER DR, STE 409 FORT LAUDERDALE, FL 33304
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**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0617170	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT BROADCASTING SYSTEM II, INC. 915 MIDDLE RIVER DR, STE 409 FORT LAUDERDALE, FL 33304
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U00000474900  
04/04/06-80041-021 50.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b> <u>Man P Le</u> <u>Asst Sret</u> <u>3/17/06</u> <u>(954) 368-20</u>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		