


**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90040 001 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M04000001741</b>		
1. Entity Name <b>JONES-SAGANSKY BROADCAST GROUP, LLC</b>		
Principal Place of Business <b>777 S. FLAGLER DRIVE SUITE 1700, WEST TOWER WEST PALM BEACH, FL 33401</b>		Mailing Address <b>777 S. FLAGLER DRIVE SUITE 1700, WEST TOWER WEST PALM BEACH, FL 33401</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR JONES, EARL 777 SOUTH FLAGLER DRIVE, WEST TWR STE 1700 WEST PALM BEACH, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR SAGANSKY, JEFF 53 EAST 80TH STREET NEW YORK, NY 10021</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR RIESENBERG, ROBERT 437 MADISON AVENUE NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FREELAND, TODD 112 SOUTH TRYON STREET, SUITE 1500 CHARLOTTE, NC 28284</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____		