


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90216 019 ****55.00

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| DOCUMENT # M04000003327 | |  |
| 1. Entity Name TVC BROADCASTING LLC | | |

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|--|--|
| Principal Place of Business 10005 N.W. 19TH STREET MIAMI, FL 33172 | Mailing Address 10005 N.W. 19TH STREET MIAMI, FL 33172 |
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|--------------------------------|---------|---------------------------------------|-----------------------|
| 2. Principal Place of Business | | 3. Mailing Address P.O. BOX 226890 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State MIAMI, FL | |
| Zip | Country | Zip 33122-6890 | Country MIAMI-DADE |



03082006 Chg-LLC CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-1446933 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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|--|--|---|--|
| 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent -- Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|--|---|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRAU-PELEGRI, JOSE R 10005 N.W. 19TH STREET MIAMI, FL 33172 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TORRES, ANTONIO L. 10005 NW 19TH STREET DORAL, FL 33172 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CUBAS RUIZ, GUSTAVO 10005 N.W. 19TH STREET MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GONZALEZ, LUIS A. CALLE 418A AKM BUILDING, SUITE # 301 SAN JUAN, PR 00920 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRAU ESTEBAN, ENRIQUE 10005 N.W. 19TH STREET MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Antonio L. Torres **ANTONIO L. TORRES** **03/17/06** **(305) 994-1700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #