

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90051 033 ****55.00

DOCUMENT # M04000003472

1. Entity Name
GF BROADCASTING OF MIAMI LLC



Principal Place of Business
**1925 BRICKELL AVE., SUITE D-1004
MIAMI, FL 33129**

Mailing Address
**1925 BRICKELL AVE., SUITE D-1004
MIAMI, FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
66-0645580

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TVC BROADCASTING LLC
1005 NW 19TH STREET
MIAMI, FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
GRAU, PEIEGRI, JOSE RAMON
AKM BLDG. #418, SUITE 301
SAN JUAN, PUERTO RICO 00920.**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
GRAU, JOSE R.
AKM BLDG. #418, SUITE 301
SAN JUAN, PUERTO RICO 00920**

☒ Change ☐ Addition

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

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

3/01/05

Date

(305) 994-1700

Daytime Phone #