2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # MOADOOD2472



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

1. Entity Name	e	MG OF MIAMI LLC					03-24-2006	5 90216 (021 ****	55.00	
Principal Place of Business 1925 BRICKELL AVE., SUITE D-1004 MIAMI, FL 33129			Mailing Address 1925 BRICKELL AVE., SUITE D-1004 MIAMI, FL 33129				20020289				
2. Principal Place of Business			3. Mailing Address P.O. BOX 226890								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03082006	Chg-LLC	CR2E0	83 (11/05)			
City & State			City & State MIAMI, FL		4. FEI Numb		•		oplied For		
Žip		Country	Zip 33122-6840	Country MIAMI - DADE		5. Certificate	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	_6. Name	and Address of Current	Registered Agent			7Name.and	Address of New R	egistered A	cent		
	١,				Name						
TVC BROADCASTING LLC 1005 NW 19TH STREET MIAMI, FL 33172					Street Address (P.O. Box Number is Not Acceptable)						
					0.1		,		T 0		
					City			FL	Zip Cod	ie	
		y submits this statement fo tered agent.	r the purpose of changing its	register	ed office or reg	gistered agent, or bo	oth, in the State of Flo	orida. I am I	amiliar with,	and accept	
SIGNATURE			er gerinde de d		•	•	in the second of	a p			
	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE			
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Fi	iling Fee	ls \$50.00	, m		d Agent signature re	equired when reinstating)		e check p a Departm		(6	
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Haid!	Conce	ANTONIOL	TORRES
SIGNATURE AND TYPED OR PRINTED	AME OF SIGNING MANAGING	MEMBER, MANAGER, OR AUTI	IORIZED REPRESENTATIVE

03/17/06

(305) 994-1700