


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2006 90216 021 ****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**

20020289



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 226890
 Suite, Apt. #, etc.

03082006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33122-6890

Country
MIAMI-DADE

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

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

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAU-PEIEGRI, JOSE RAMON <input checked="" type="checkbox"/> Delete AKM BLDG. #418, SUITE 301 SAN JUAN, PUERTO RICO 00920,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAU, JOSE R <input type="checkbox"/> Delete AKM BLDG #418, STE 301 SAN JUAN, PR 00920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAU, JOSE R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CALLE 418A AKM BUILDING, SUITE #301 SAN JUAN, PR 00920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, ANTONIO L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10005 NW 19TH STREET DORAL, FL 33172
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"/> Change <input type="checkbox"/> Addition
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 #