

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**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  
**P.O. BOX 226890  
MIAMI, FL 33122-6890**



04112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
GRAU, JOSE R  
CALLE 418A AKM BLDG., SUITE 301  
SAN JUAN, PR 00920**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
TORRES, ANTONIO L  
10005 NW 19TH STREET  
DORAL, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
FONALLEDAS, JANINE  
CALLE 418A AKM BLDG STE 301  
SAN JUAN, PR 00920**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000932190  
05/22/08-80045-012 143.75

**DO NOT WRITE  
IN THIS SPACE**

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**

**04/14/08**

**305-994-1700**

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

Date

Daytime Phone #