

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003472

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: GF BROADCASTING OF MIAMI LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 226890  
MIAMI, FL 331226890

**New Mailing Address:**

FEI Number: 66-0645580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRAU, JOSE R  
Address: CALLE 418A AKM BLDG., SUITE 301  
City-St-Zip: SAN JUAN, PR 00920

Title: MGRM ( ) Delete  
Name: TORRES, ANTONIO L  
Address: 10005 NW 19TH STREET  
City-St-Zip: DORAL, FL 33172

Title: MGRM ( ) Delete  
Name: FONALLEDAS, JANINE  
Address: CALLE 418A AKM BLDG STE 301  
City-St-Zip: SAN JUAN, PR 00920

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE R. GRAU

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date