## 2006 LIMITED LIABILITY COMPANY

## Mar 24, 2006 8:00 am Secretary of State ANNUAL REPORT 03-24-2006 90218 048 \*\*\*\*55.00 DOCUMENT # M0400003473 1. Entity Name TVC BROADCASTING OF MIAMI LLC Principal Place of Business Mailing Address 10005 NW 19TH STREET 10005 NW 19TH STREET MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address P.O. BOX 226890 Suite, Apt. #, etc. Suite. Apt. #. etc. 03082006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For MIAMI, FL 73-1674239 Not Applicable Ziο Country Country \$5.00 Additional 5. Certificate of Status Desired 33122-6890 MIAMI-DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. TVC BROADCASTING LLC Street Address (P.O. Box Number is Not Acceptable) **10005 NW 19TH STREET** MIAMI, FL 33172 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Change TITE E ☐ Defete ☐ Addition NAME TVC BROADCASTING LLC NAME 10005 NW 19TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TELLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE "- Defete TITLE ☐ Change NAME NAME

.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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

ANTONIO L. TORRES

03/17/06

(305)994-1700

Davisme Phone #

FILED