


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M04000003473 1. Entity Name TVC BROADCASTING OF MIAMI LLC	
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Principal Place of Business 10005 NW 19TH STREET MIAMI, FL 33172	Mailing Address POB 226890 MIAMI, FL 33122-6980
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 73-1674239	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TVC BROADCASTING LLC 10005 NW 19TH STREET MIAMI, FL 33172
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**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 _____ (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 TVC BROADCASTING LLC 10005 NW 19TH STREET MIAMI, FL 33172
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05/22/08-80045-011 143.75

**DO NOT WRITE
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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 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 #