

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003473

**FILED**  
**Jan 06, 2009**  
**Secretary of State**

**Entity Name:** TVC BROADCASTING OF MIAMI LLC

**Current Principal Place of Business:**

10005 NW 19TH STREET  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

POB 226890  
MIAMI, FL 331226890

**New Mailing Address:**

POB 226890  
MIAMI, FL 331226890

**FEI Number:** 73-1674239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TVC BROADCASTING LLC  
10005 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: TVC BROADCASTING LLC,  
Address: 10005 NW 19TH STREET  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

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

PRES

01/06/2009

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