

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003991

FILED
Apr 25, 2008
Secretary of State

Entity Name: BACKYARD BROADCASTING HOLDINGS LLC

Current Principal Place of Business:

4237 SALISBURY RD STE 225
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4237 SALISBURY RD STE 225
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 04-3635998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: DRAKE, BARRY
Address: 4237 SALISBURY RD STE 225
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: SMITH, ROBIN
Address: 4237 SALISBURY RD STE 225
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: DONALDSON, CATHERINE
Address: 4237 SALISBURY RD STE 225
City-St-Zip: JACKSONVILLE, FL 32216

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: CATHERINE DONALDSON

MGR

04/25/2008

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