

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90158 020 \*\*\*138.75

**DOCUMENT # M07000005792**

1. Entity Name  
**NEWPORT TELEVISION LLC**



Principal Place of Business  
**8415 E. 21ST STREET NORTH, SUITE 120  
WICHITA, KS 67206**

Mailing Address  
**8415 E. 21ST STREET NORTH, SUITE 120  
WICHITA, KS 67206**

**50004781**



01242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #  
**460 Nichols Road**

3. Mailing Address  
**460 Nichols Road**

Suite, Apt. #, etc.  
**Suite 250**

Suite, Apt. #, etc.  
**Suite 250**

City & State  
**Kansas City, MO**

City & State  
**Kansas City, MO**

4. FEI Number  
**20-8876564**

Applied For  
Not Applicable

Zip --- Country  
**64112 USA**

Zip --- Country  
**64112 USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to:  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELEVISION HOLDINGS LLC 8415 E. 21ST STREET NORTH, SUITE 120 WICHITA, KS 67206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Newport Television Holdings LLC 460 NICHOLS ROAD, SUITE 250 KANSAS CITY, MO 64112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*[Signature]*

4/19/08

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