


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90175 037 ****50.00

DOCUMENT # M96000000247	
1. Entity Name SPORTSCHANNEL FLORIDA HOLDING COMPANY L.L.C.	

Principal Place of Business 1111 STEWART AVE BETHPAGE, NY 11714	Mailing Address C/O CORPORATE PARALEGAL 1111 STEWART AVE BETHPAGE, NY 11714
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country	4. FEI Number 11-3329285	Applied For <input type="checkbox"/> Not Applicable
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01052005 Chg-LLC CR2E083 (10/03)

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REGIONAL PROGRAMMING PARTNERS 1111 STEWART AVE BETHPAGE, NY 11714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SAPAN, JOSHUA 1111 STEWART AVE BETHPAGE, NY 11714 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENBERG, ANDREA 1111 STEWART AVE BETHPAGE, NY 11714 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEITCH, DAVID 1111 STEWART AVE BETHPAGE, NY 11714 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIPSQUALE, MICHAEL 1111 STEWART AVE BETHPAGE, NY 11714 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'AMBROSIO, PHILIP 1111 STEWART AVE BETHPAGE, NY 11714 <input checked="" type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: _____ **SVP** _____ **2/9/05** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #