2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

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Entity Name: JAMES CRYSTAL BROADCASTING, L.L.C.

Current Principal Place of Business:

6600 N. ANDREWS AVE
STE 160
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6600 N. ANDREWS AVE
STE 160
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0843333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLIARD, JAMES W
6600 N. ANDREWS AVE, STE 160
FORT LAUDERDALE, FL 33309 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	HILLIARD, JAMES C	
Address:	7 OCEAN PLACE	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	V	(X) Delete
Name:	HILLIARD, JAMES W	
Address:	6600 N. ANDREWS AVE, STE 160	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	V	(X) Delete
Name:	HINDES, RICHARD C	
Address:	6600 N. ANDREWS AVE, STE 160	
City-St-Zip:	FORT LAUDERDALE, FL 33309	

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 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 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: JAMES C. HILLIARD MGRM 04/12/2004

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