

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M990000001484

FILED
Jan 20, 2004
Secretary of State

Entity Name: WAITT BROADCASTING OF FLORIDA, L.L.C.

Current Principal Place of Business:

1125 S. 103RD STREET, SUITE 200
OMAHA, NE 68124

New Principal Place of Business:

Current Mailing Address:

1125 S. 103RD STREET, SUITE 200
OMAHA, NE 68124

New Mailing Address:

FEI Number: 47-0816765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: WAITT, NORMAN W JR.
Address: 1125 S. 103RD STREET, SUITE 200
City-St-Zip: OMAHA, NE 68124

Title: MGR () Delete
Name: SELINE, STEVE W
Address: 1125 S. 103RD STREET, SUITE 200
City-St-Zip: OMAHA, NE 68124

Title: MGR () Delete
Name: SCHUELE, JOHN S
Address: 1125 S. 103RD STREET, SUITE 200
City-St-Zip: OMAHA, NE 68124

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: STEVEN W. SELINE

MGR

01/20/2004

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