## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000095218

Entity Name: ACME BROADCASTING SOUTH, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
<u>8</u> 01 US 27	SOUTH				
5 AVON PAF	RK, FL 33825				
Current Mailing Address:			New Maili	New Mailing Address:	
2505 THONOTOSASSA ROAD 172 PLANT CITY, FL 33563					
FEI Number:	26-3560742	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
172 PLANT CIT The above	NOTOSASSA TY, FL 33563 named entity: of Florida.	US	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATOR		ic Signature of Registered Age	ont	 Date	
Election Can		g Trust Fund Contribution ( ).		Suite	
	S AND DIREC		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	LITTMAN, IRA 2505 THONOTO PLANT CITY, F	Delete DSASSA ROAD # 172 L 33563 Delete	Title: Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip:	BIRR, ROBERT 801 US 27 SOU AVON PARK, F	JTH SUITE 5	Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	SECY ( ) LEMLEY, DAVI 1637 EAST DA CASA GRANDE	SY STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WALKER, PAU	HILLS TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition LEWIS, STEVE W 995 FAIRWAY TERRACE NW ACWORTH, GA 30101	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA LITTMAN PRES 04/29/2009