2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90098 045 ****61.25

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DOCUMENT # 716199

1. Entity Name

FLORIDA ASSOCIATION OF BROADCASTERS, INCORPORATE

Principal Place of Business	Mailing Address
101 E COLLEGE AVE TALLAHASSEE FL 32301 US	101 E COLLEGE AVE TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 North Calhoun Street Suite, Apt. #, etc.	800 North Calhoun Street Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country:	Zip: 32303 Country:

4. FEI Number: 59-0864165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, C. PATRICK 101 E COLLEGE AVE TALLAHASSEE FL 32301	Name: Roberts, C. Patrick Street Address (P.O. Box Number is Not Acceptable): 800 North Calhoun Street City: Tallahassee FL Zip Code: 32303

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.

SIGNATURE _____ 3-16-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EDEN, ADIB 3785 NW 82ND AVE STE 312 MIAMI FL 33166	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC WOULFE, RONNA 194 NW 187TH ST MIAMI FL 33169	☐ Delete	D Woulfe, Ronna 194 NW 187th St Miami, FL 33169	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CALVO, MANNY 5725 LAWTON DR SARASOTA FL 34233	☐ Delete	VC Calvo, Manny 5725 Lawton Dr. Sarasota, FL 34233	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD MCGRAW, JOSH 11700 CENTRAL PKWY JACKSONVILLE FL 32224	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONTIUS, STEVE 3719 CENTRAL AVE FORT MYERS FL 33901	☑ Delete	S Bill Bauman 1021 N. Wymore Rd. Winter Park, FL 32789	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERTS, C. PATRICK 101 E COLLEGE AVE, SUITE 301 TALLAHASSEE FL 32301	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-16-01 850-681-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #