2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2002
Secretary of State

DOCUMENT# 716199

Entity Name: FLORIDA ASSOCIATION OF BROADCASTERS, INCORPORATED

Current Principal Place of Business:

800 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

800 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-0864165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, C. PATRICK
800 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 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

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	EDEN, ADIB	
Address:	3785 NW 82ND AVE STE 312	
City-St-Zip:	MIAMI, FL 33166	
Title:	D	( ) Delete
Name:	WOULFE, DONNA	
Address:	194 NW 187TH ST	
City-St-Zip:	MIAMI, FL 33169	
Title:	VC	( ) Delete
Name:	CALVO, MANNY	
Address:	5725 LAWTON DRIVE	
City-St-Zip:	SARASOTA, FL 34233	
Title:	VCD	( ) Delete
Name:	MCGRAW, JOSH	
Address:	11700 CENTRAL PKWY	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	S	( ) Delete
Name:	BAUMAN, BILL	
Address:	1021 N. WYNORE ROAD	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	PD	( ) Delete
Name:	ROBERTS, C. PATRICK,	
Address:	101 E COLLEGE AVE, SUITE 301	
City-St-Zip:	TALLAHASSEE, FL 32301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VD	(X) Change ( ) Addition
Name:	EDEN, ADIB	
Address:	2828 CORAL WAY	
City-St-Zip:	MIAMI, FL 33145	
Title:	VDD	(X) Change ( ) Addition
Name:	COBB, DAVE	
Address:	1687 QUINTET ROAD	
City-St-Zip:	PACE, FL 32571	
Title:	VC	(X) Change ( ) Addition
Name:	CALVO, MANNY	
Address:	1477 TENTH STREET	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	(X) Change ( ) Addition
Name:	MCGRAW, JOSH	
Address:	11700 CENTRAL PKWY	
City-St-Zip:	JACKSONVILLE, FL 32224	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. PATRICK ROBERTS PD 01/08/2002

Electronic Signature of Signing Officer or Director — Date