2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
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: VD ( ) Delete
Name: EDEN, ADIB
Address: 2828 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: COBB, DAVE
Address: 1687 QUINTET ROAD
City-St-Zip: PACE, FL 32571

Title: VC ( ) Delete
Name: CALVO, MANNY
Address: 1477 TENTH STREET
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete
Name: BEASLEY, BRAD
Address: 20125 S. TAMIAMI TRAIL
City-St-Zip: ESTERO, FL 33928

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: 800 N. CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 01/05/2004

Electronic Signature of Signing Officer or Director — Date