2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
03-27-2002 90092 035 ****61.25

DOCUMENT # 717001

1. Entity Name

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA , INC.

Principal Place of Business	Mailing Address
14901 N.E. 20 AVE. N. MIAMI FL 33161-1121	14901 N.E. 20 AVE. N. MIAMI FL 33161-1121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0737868 ☐ 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
DOOLEY, GEORGE 14901 N.E. SESAME STREET NORTH MIAMI FL 33261-0002	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	D MORRISON, WILLIAM L 700 BRICKELL AVE MIAMI FL 33131	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	P DOOLEY, GEORGE 14901 NE 20TH AVENUE MIAMI FL	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	D BERENS, FRED S.E. FINANCIAL CTR., STE. 3200 MIAMI FL	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	C TOBIN, HERBERT A 1101 HILLCREST DR HOLLYWOOD FL 33021	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	T CARROLL, SHIRLEY C 14901 NE 20TH AVE MIAMI FL	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	S SISSON, RITA J. 14901 NE 20TH AVE MIAMI FL	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: George Dooley 3-12-02 305 949 8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President & CEO Date Daytime Phone #