
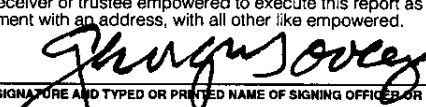


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90024 036 ****61.25

DOCUMENT # 717001 1. Entity Name COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 14901 N.E. 20 AVE. N. MIAMI, FL 33181-1121			Mailing Address 14901 N.E. 20 AVE. N. MIAMI, FL 33181-1121		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-0737868				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired. <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOOLEY, GEORGE 14901 N.E. 20TH AVENUE MIAMI, FL 33181			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida 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 <input type="checkbox"/> Delete 700 BRICKELL AVE MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST- ZIP	C YARDLEY, HERBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 777 N STATE ROAD 7 PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P DOOLEY, GEORGE <input type="checkbox"/> Delete 14901 NE 20TH AVENUE MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST- ZIP	D NEWHAUSER, RICHARD R <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2333 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BERENS, FRED <input type="checkbox"/> Delete S.E. FINANCIAL CTR., STE. 3200 MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C TOBIN, HERBERT A <input checked="" type="checkbox"/> Delete 1101 HILLCREST DR HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T CARROLL, SHIRLEY C <input type="checkbox"/> Delete 14901 NE 20TH AVE MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S SOCIAS, PEGGY <input type="checkbox"/> Delete 14901 NE 20TH AVE. MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			2/26/04 (305) 949-8321		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		