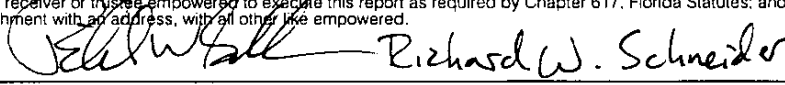


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90080 048 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0737868	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, RICHARD W 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	C JORDAN, ROBERT K 10480 SW 122ND STREET MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, RICHARD K 14901 NE 20TH AVENUE MIAMI, FL 33181	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARDLEY, HERBERT 777 N SR 7 FORT LAUDERDALE, FL 33317	☐ Delete			
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	S SOCIAS, PEGGY 14901 NE 20TH AVE. MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, CRISTINA L 11200 SW 8TH STREET, PC 511 MIAMI, FL 33199	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Richard W. Schneider 3/2/07 (305) 949-8321					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

