

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

0005417

**DOCUMENT # 739617**

1. Entity Name

**FLORIDA PUBLIC BROADCASTING SERVICE, INC.**

02-04-2002 90110 039 \*\*\*\*61.25

Principal Place of Business <b>217 JOHN KNOX RD 200 TALLAHASSEE FL 32303 US</b>	Mailing Address <b>P.O. BOX 10610 TALLAHASSEE FL 32301-2910</b>
------------------------------------------------------------------------------------------------	------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-2085219</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MORAN, JAMES D. 217 JOHN KNOX RD STE 200 TALLAHASSEE FL 32303</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	<b>P</b> <b>MORAN, JAMES D</b> <b>515 EAST CALL STREET</b> <b>TALLAHASSEE FL 32301</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>TD</b> <b>JOHNSON, RICK</b> <b>100 FESTIVAL PARK AVENUE</b> <b>JACKSONVILLE FL 32202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>TITUS RUSH</b> <b>2202 WAIMAL HALL</b> <b>GAINESVILLE, FL 32611</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>CD</b> <b>THIGPEN, DON DR.</b> <b>1308 PARKSIDE DRIVE</b> <b>ORMOND BEACH FL 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CD</b> <b>MICHAEL BOYLAN</b> <b>100 FESTIVAL PARK AV.</b> <b>JACKSONVILLE, FL 32202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D</b> <b>CRAWFORD, PAT</b> <b>11000 UNIVERSITY PKWY</b> <b>PENSACOLA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD</b> <b>JUNN LABONIA</b> <b>172 N.E. 15TH ST.</b> <b>MIAMI, FL 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VC</b> <b>STECK, STEPHEN M</b> <b>11510 E COLONIAL DR</b> <b>ORLANDO FL 32817-4800</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>SANDY CREAMATI RAY</b> <b>1000 COLLIER BLVD</b> <b>PENSACOLA, FL 32504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>S</b> <b>HERNANDEZ, ANGEL</b> <b>172 NORTH EAST 15TH STREET</b> <b>MIAMI FL 33132</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>JACK GIBSON</b> <b>14901 NORTHWENT 20TH AVE.</b> <b>MIAMI, FL 33181</b>

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: *[Signature]* **JAMES D. MORAN** 1/14/02 (850) 414-9990 x25

CR2E037 (9/01)