

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90026 047 ****61.25

DOCUMENT # 739617

1. Entity Name
FLORIDA PUBLIC BROADCASTING SERVICE, INC.



Principal Place of Business
**217 JOHN KNOX RD
200
TALLAHASSEE FL 32303
US**

Mailing Address
**P.O. BOX 10910
TALLAHASSEE FL 32301-2910**



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2085219** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORAN, JAMES D.
217 JOHN KNOX RD
STE 200
TALLAHASSEE FL 32303**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MORAN, JAMES D	
STREET ADDRESS	513 EAST CALL STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUSH, TITUS	
STREET ADDRESS	2202 WEIMER HALL	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, JACK	
STREET ADDRESS	14901 NW 20TH AVE	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYLAN, MICHAEL	
STREET ADDRESS	100 FESTIVAL PARK AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LA BONIA, JOHN	
STREET ADDRESS	172 NE 15TH ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAY, SANDY C	
STREET ADDRESS	1000 COLLIER BLVD	
CITY-ST-ZIP	PENSACOLA FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED** 1/6/03 (850)414-9998 X25

CR2E037 (10/02)