


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760583</b> 1. Entity Name WPBT COMMUNICATIONS FOUNDATION, INC.	
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Principal Place of Business C/O RICHARD SCHNEIDER 14901 NE 20TH AVENUE N. MIAMI, FL 33181-1121	Mailing Address C/O RICHARD SCHNEIDER 14901 NE 20TH AVENUE N. MIAMI, FL 33181-1121
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01312008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2141826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

SCHNEIDER, RICHARD W  
14901 NE 20TH AVE.  
MIAMI, FL 33181-1121

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

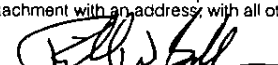
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000824366 02/20/08-80102-002 61.25
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BERENS, FRED 200 S. BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, RICHARD W 14901 NE 20TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMORE, GEORGE 2101 S. CONGRESS AVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, CRISTINA L 11200 SW 8TH STREET, PC 511 MIAMI, FL 33199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, SHIRLEY C 14901 NE 20TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOCIAS, PEGGY 14901 NE 20TH AVE MIAMI, FL

**DO NOT WRITE  
IN THIS SPACE**

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 2/6/08 305-949-8321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #