


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90001 005 \*\*\*\*61.25

**DOCUMENT # F03000002906**

1. Entity Name  
**STARBOARD MEDIA FOUNDATION, INC.**



Principal Place of Business  
**2300 RIVERSIDE DRIVE  
 GREEN BAY, WI 54301**

Mailing Address  
**PO BOX 1070  
 GREEN BAY, WI 54307-0707**

**54073146**



2. Principal Place of Business  
**2300 Riverside Drive**

3. Mailing Address  
**P.O. Box 1070**

Suite, Apt. #, etc.

08182004 Chg-NP CR2E037 (10/03)

City & State  
**Green Bay, WI**

City & State  
**Green Bay, WI**

4. FEI Number  
**39-2003067**

Applied For  
 Not Applicable

Zip  
**54301**

Country  
**USA**

Zip  
**54307-0707**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301**

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)

**Filing Fee is \$61.25  
 Due by September 8, 2004**


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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>FOLLETT, MARK</b> <b>2300 RIVERSIDE DRIVE</b> <b>GREEN BAY, WI 54301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWNRIGG, SHERRY</b> <b>2300 RIVERSIDE DRIVE</b> <b>GREEN BAY, WI 54301</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ATWELL, ROBERT</b> <b>2300 RIVERSIDE DRIVE</b> <b>GREEN BAY, WI 54301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SNOREK, MARGARET R</b> <b>2300 RIVERSIDE DRIVE</b> <b>GREEN BAY, WI 54301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUECK, JODY M</b> <b>2300 RIVERSIDE DRIVE</b> <b>GREEN BAY, WI 54301</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMEM</b> <b>CAVIL, JOHN</b> <b>2300 RIVERSIDE DRIVE</b> <b>GREEN BAY, WI 54301</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO and Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer, CFO</b> <b>Gerald L. Moore</b> <b>2300 Riverside Drive</b> <b>Green Bay, WI 54301</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Michael S. Ariens</b> <b>2300 Riverside Drive</b> <b>Green Bay, WI 54301</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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:**  **Gerald L. Moore, Treasurer** **9/10/04 (920)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone