

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002906

FILED
Mar 29, 2011
Secretary of State

Entity Name: STARBOARD MEDIA FOUNDATION, INC.

Current Principal Place of Business:

1496 BELLEVUE ST.
STE. 202
GREEN BAY, WI 54311

New Principal Place of Business:

Current Mailing Address:

PO BOX 10707
GREEN BAY, WI 543070707

New Mailing Address:

FEI Number: 39-2003067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: RAATHS, WILLIAM
Address: 1496 BELLEVUE ST., STE. 202
City-St-Zip: GREEN BAY, WI 54311

Title: T
Name: CAVIL, JOHN
Address: 1496 BELLEVUE ST., STE. 202
City-St-Zip: GREEN BAY, WI 54311

Title: S
Name: CAVIL, JOHN
Address: 1496 BELLEVUE ST., STE. 202
City-St-Zip: GREEN BAY, WI 54311

Title: C
Name: VORPAHL, THOMAS
Address: 1496 BELLEVUE ST., STE. 202
City-St-Zip: GREEN BAY, WI 54311

Title: D
Name: ARIENS, MICHAEL
Address: 1496 BELLEVUE ST., STE. 202
City-St-Zip: GREEN BAY, WI 54311

Title: CFO
Name: VANDENLANGENBERG, AMY
Address: 1496 BELLEVUE ST., STE. 202
City-St-Zip: GREEN BAY, WI 54311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMY VANDENLANGENBERG

CFO

03/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date