


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003483

1. Entity Name
JAMES BROADCASTING INC.




Principal Place of Business 9122 BAY SIDE CT. ORLANDO, FL 32819	Mailing Address 9122 BAY SIDE CT. ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE

FILED

04 APR 30 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3579216	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, FERDINAND L
 9122 BAY SIDE CT.
 ORLANDO, FL 32819

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC JAMES, FERDINAND L 9122 BAY SIDE CT. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC GONZALEZ, CHERYL 2731 BLAIRSTONE ROAD #135 TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAKE, WILLIAM 59 GOLDEN AVE. A3 DEERPARK, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/04--01047--003 **158.75

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 607, 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: *Cheryl Gonzalez* **4-30-04** **(850)656-8122**

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