

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
 08-22-2000 90223 028 ****70.00

DOCUMENT # F98000005884

1. Entity Name
JOY PUBLIC BROADCASTING CORPORATION

Principal Place of Business Mailing Address
 835 S. BERTHE ST. 835 S. BERTHE ST.
 PANAMA CITY FL 32404 PANAMA CITY FL 32404

A0074073



2. Principal Place of Business 3. Mailing Address
 835 A S. Berthe Ave. 40 Douthett & Assoc, Chtd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 5020 SW 24th St., Ste 102

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
 Topeka, KS 52-1222047 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired - \$8.75 Additional Fee Required
 66614 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BOB ROBERT~~
 835 A BERTHE
 PANAMA CITY FL 32404

Name **Mike Jacobs**
 Street Address (P.O. Box Number is Not Acceptable)
 835A S. Berthe Ave.
 City **Panama City** FL Zip Code **32404**

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.

SIGNATURE *Mike Jacobs* *Mike Jacobs* 7/31/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP D	<input type="checkbox"/> Delete
NAME	BUSH, LOWELL M	
STREET ADDRESS	341 S. WASHINGTON	
CITY-ST-ZIP	LANCASTER WI 53813	
TITLE	CP	<input type="checkbox"/> Delete
NAME	BUSH, JOYCE	
STREET ADDRESS	341 S WASHINGTON	
CITY-ST-ZIP	LANCASTER-WI 53813	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANGELL, EARL V	
STREET ADDRESS	1211 ST LUKE DR STE 304	
CITY-ST-ZIP	SPENCER IA 51301-6064	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JON	
STREET ADDRESS	331 3RD AVE NW	
CITY-ST-ZIP	EPHRATA WA 99923	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mark Bush	
STREET ADDRESS	4050 Sterling	
CITY-ST-ZIP	Dowones Grove, IL 60515	
TITLE	Joyce Bush	<input type="checkbox"/> Delete
NAME	Joyce Bush	
STREET ADDRESS	341 S WASHINGTON	
CITY-ST-ZIP	LANCASTER WI 53813	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowell M Bush	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Bush	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mark Bush	
STREET ADDRESS	4050 Sterling	
CITY-ST-ZIP	Dowones Grove, IL 60515	
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: **X SIGNATURE REQUIRED** President 7/20/00 785-272-4832
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOYCE BUSH** Date Daytime Phone #

CF2E037 (5/00)