


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J46343 1. Entity Name NEWBERRY BROADCASTING CORPORATION |  |
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| Principal Place of Business 2912 NW 62 TER GAINESVILLE, FL 32606 | Mailing Address 2912 NW 62 TER GAINESVILLE, FL 32606 |
|--|--|



01112006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-2764324 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STERN, ROBERT A
537 NE FIRST ST
SUITE 5
GAINESVILLE, FL 32601

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STERN, CORNELIA O. 2912 NW 62ND TERRACE GAINESVILLE, FL 32606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STERN, ROBERT A 2912 NW 62ND TERRACE GAINESVILLE, FL 32606 |
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01/13/06-80014-001 150.00

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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 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: Cornelia O. Stern 1/17/06 352 373-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #