

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V64105

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** NORTH PALM BEACH BROADCASTING, INC.

**Current Principal Place of Business:**

3434 SW 26TH PL.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

3434 SW 26TH PL.  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 59-3142221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, PATRICIA S  
3434 SW 26TH PL.  
CAPE CORAL, FL 33914 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:** DP  
**Name:** MARTIN, JAMES E  
**Address:** PO BOX 1427  
**City-St-Zip:** BOCA GRANDE, FL 33921

**Title:** VTS  
**Name:** WOODS, PATRICIA S  
**Address:** 3434 SW 26TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** VP  
**Name:** TART, CHESTER R  
**Address:** 103 BROOKHAVEN COURT  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PATRICIA WOODS

VP

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date