

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003355

**Entity Name:** SOUTH FLORIDA PUBLIC MEDIA COMPANY

**Current Principal Place of Business:**

172 NE 15TH STREET  
MIAMI, FL 33132

**FILED**  
**Jan 26, 2023**  
**Secretary of State**  
**5938110673CC**

**Current Mailing Address:**

172 NE 15TH STREET  
MIAMI, FL 33132 US

**FEI Number: 13-4366122**

**Certificate of Status Desired: No**

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

QUARLES, THOMAS J  
150 W. FLAGLER ST., STE. 2200  
MIAMI, FL 33130 US

*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

**Officer/Director Detail :**

Title COO  
Name REINKEN, SHEILA CAPLAN  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title CHAIRMAN  
Name GOLDSTEIN, JOSEPH  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title VC  
Name RAMPELL, RICHARD  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title SECRETARY  
Name WILKE, CHERYL  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title TREASURER  
Name MCGRATH, ROBERT  
Address 2850 NORTH ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title CEO  
Name LABONIA, JOHN  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name HARRISON, LYDIA  
Address 109 4TH RIVO ALTO TERRACE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name OLIVE, BENJAMIN  
Address 2426 E. LAS OLAS BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

**Continues on page 2**

*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: STEPHANIE D VEGA**

**CFO**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name O'CONNELL, DANIEL PATRICK  
Address 999 SW 1ST AVENUE  
APT 2512  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name ROJAS, MARI TERE  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name WAN, KEAREY O  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name STOKES, DARREN  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name LAZARD, SIDNEY  
Address 1172 S. DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33146

Title CFO  
Name VEGA, STEPHANIE  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name ORTEGA, JAIME  
Address 172 NE 15TH STREET  
City-State-Zip: MIAMI FL 33132