

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR -6 AM 9:05****DOCUMENT # 570022****(4)**

1. Corporation Name

IVANHOE BROADCAST NEWS, INC.

Principal Place of Business

**401 S. ROSALIND AVE. #100
PO BOX 865
ORLANDO FL 32801**

Mailing Address

**401 S. ROSALIND AVE. #100
PO BOX 865
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/20/1978

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26**P. O. Box 865**

Suite, Apt. #, etc.

27

City & State

28**Orlando, Florida**

Zip

29**32802**

Country

30**Orange**

4. FEI Number

59-1858965

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

**BON FLEUR, BETTE
400 E. COLONIAL #1407
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

401 S. Rosalind Avenue, Suite 100

83

84 City

Orlando**FL**

85 Zip Code

32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**PD****BON FLEUR, BETTE
400 E. COLONIAL #1407
ORLANDO, FL 00000**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VD****THOMAS, MARJORIE BEKAERT
242 CHASE AVE
WINTER PARK FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP☐ Change ☐ Addition21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP☐ Change ☐ Addition31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP☐ Change ☐ Addition41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change ☐ Addition51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change ☐ Addition61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marjorie Bekaert Thomas

3/24/95 407-423-8045