

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortbam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 570022

(4)

1. Corporation Name

MANHOE BROADCAST NEWS, INC.



Principal Place of Business

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

Mailing Address

P. O. BOX 865
ORLANDO FL 32802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1978

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 2745 W. Fairbanks Avenue

Suite, Apt. #, etc.

22

City & State

23 Winter Park, FL 32789

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BON FLEUR, BETTE
401 S. ROSALIND AVENUE
SUITE 100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Marjorie Bekaert Thomas

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

2745 W. Fairbanks Avenue

83

84 City

Winter Park

FL

85 Zip Code

32789

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/25/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BON FLEUR, BETTE
STREET ADDRESS 400 E. COLONIAL #1407
CITY-ST-ZIP ORLANDO, FL 00000

TITLE VD ☐ DELETE

NAME THOMAS, MARJORIE BEKAERT
STREET ADDRESS 242 CHASE AVE
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2745 W. Fairbanks Avenue
1.4 CITY-ST-ZIP Winter Park, FL 32789

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

CR2E034 (10/97)