

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570022

FILED
Apr 16, 2008
Secretary of State

Entity Name: IVANHOE BROADCAST NEWS, INC.

Current Principal Place of Business:

2745 W FAIRBANKS AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 865
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-1858965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, MARJORIE B
2745 W FAIRBANKS AVE
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, MARJORIE BEK, AERT
Address: 242 CHASE AVE
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: BON FLEUR, BETTE
Address: 2745 W. FAIRBANKS AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: GROVES, KIMBERLY L
Address: 1076 ORANGE AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP () Delete
Name: CHERRY, JOHN
Address: 1104 CLINGING VINE PLACE
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY GROVES

V.P.

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date