2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# 701168

Entity Name: WJCT, INC.

Current Principal Place of Business:

100 FESTIVAL PK AVE
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

100 FESTIVAL PK AVE
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-0711482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYLAN, MICHAEL T
100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202 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:	PM	( ) Delete
Name:	BOYLAN, MICHAEL T	
Address:	100 FESTIVAL PARK AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	WINSTON, JAMES H	
Address:	601 BLDG II RIVERSIDE AVE	
City-St-Zip:	JACKSONVILLE, FL 32204	
Title:	D	( ) Delete
Name:	BRYAN, SHEPARD	
Address:	1651 BEACH AVENUE	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	CE	( ) Delete
Name:	WALLACE, STEVEN	
Address:	501 WEST STATE ST.632202	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	CS	( ) Delete
Name:	MCGIVNEY, DIANE	
Address:	100 FESTIVAL PARK AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	CD	( ) Delete
Name:	HELMS, ROBERT	
Address:	225 WATER STREET, 11TH FLOOR	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MCCOLLUM, JIM	
Address:	301 WEST BAY ST. SUITE 1100	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	CE	(X) Change ( ) Addition
Name:	WALLACE, STEVEN	
Address:	501 WEST STATE ST.	
City-St-Zip:	JACKSONVILLE, FL 32207	
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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. BOYLAN PM 03/30/2005

Electronic Signature of Signing Officer or Director — Date