

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721827

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** BASCOMB MEMORIAL BROADCASTING FOUNDATION, INC.

**Current Principal Place of Business:**

2921 CORAL WAY  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

2921 CORAL WAY  
MIAMI, FL 33145 US

**New Mailing Address:**

**FEI Number:** 23-7412945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, LUIS ESQ.  
6401 SW 87 AVE.  
STE. 100  
MIAMI, FL 33173 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: D  
Name: FERNANDEZ, LUIS W  
Address: 1416 SOROLLA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: P  
Name: PERSAUD, CECIL  
Address: 11801 SW 207 ST.  
City-St-Zip: MIAMI, FL 33157

Title: VP  
Name: LOPEZ, VIVIAM M  
Address: 6286 SW 10 TERR  
City-St-Zip: MIAMI, FL 33144

Title: T  
Name: SALAS, MANUEL  
Address: 5625 SW 108 PL  
City-St-Zip: MIAMI, FL 33156

Title: S  
Name: BLANCO, ED  
Address: 13622 SW 101 AVE  
City-St-Zip: MIAMI, FL 33176

Title: D  
Name: DE LA REGUERA, ALBERTO  
Address: 7403 SW 82 ST. APT. 205  
City-St-Zip: MIAMI, FL 33143

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: MARGARITA PELLEJA

GM

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date