2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725599

FILED Apr 29, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR MEDIA IN EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2563 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 2563 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308 US FEI Number: 23-7367407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BODKIN, LARRY E JR 2563 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BODKIN, LARRY E JR Name: Name: 2563 CAPITAL MEDICAL BLVD Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: Title: () Delete Title: (X) Change () Addition NEEDHAM, MIRIAM Name: SVEC, DEBORAH Name: Address: 1014 SW 7TH RD. SUITE 1 Address: 436 PRIVATEER ROAD City-St-Zip: OCALA, FL 34474 US City-St-Zip: NORTH PALM BEACH, FL 33408 US Title: () Delete Title: (X) Change () Addition SVEC, DEB SOLOMON, CECELIA Name: Name: 6017 FOREST CREEK DRIVE Address: 436 PRIVATEER ROAD Address: City-St-Zip: NORTH PALM BEACH, FL 33408 US City-St-Zip: BROOKSVILLE, FL 34601 US Title: () Delete Title: (X) Change () Addition Name: BARGAR, SHERIE Name: SEALE, JOANNE 4377 WEEPING WILLOW CT Address: Address: 6150 BANYAN STREET City-St-Zip: CASSELLBERRY, FL 32256 US City-St-Zip: COCOA, FL 32927 US Title: () Delete Title: (X) Change () Addition VOSE, BELINDA PRZECLAWSKI, GAIL Name: Name: 10204 SW 37TH PLACE 3352 STERLING LANE Address: Address: GAINESVILLE, FL 32043 US City-St-Zip: City-St-Zip: ORLANDO, FL 32817 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY BODKIN D 04/29/2009