

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003483

1. Entity Name
JAMES BROADCASTING INC.



Principal Place of Business
9122 BAY SIDE CT.
ORLANDO, FL 32819

Mailing Address
9122 BAY SIDE CT.
ORLANDO, FL 32819

FILED

04 APR 30 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3579216

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, FERDINAND L
9122 BAY SIDE CT.
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	JAMES, FERDINAND L
STREET ADDRESS	9122 BAY SIDE CT.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VVC
NAME	GONZALEZ, CHERYL
STREET ADDRESS	2731 BLAIRSTONE ROAD #135
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	SD
NAME	LAKE, WILLIAM
STREET ADDRESS	59 GOLDEN AVE. A3
CITY-ST-ZIP	DEERPARK, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300036057293
05/11/04--01047--003 **158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 (850)656-8122