

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90384 009 ****61.25

DOCUMENT # F98000005884

1. Entity Name

JOY PUBLIC BROADCASTING CORPORATION

Principal Place of Business

**835 S. BERTHE ST.
 PANAMA CITY FL 32404**

Mailing Address

**C/O DOUTHETT & ASSOC CHTD
 5020 SW 24TH ST STE 102
 TOPEKA KS 66614**

656542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **52-1222047**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, MIKE
 835 A BERTHE
 PANAMA CITY FL 32404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BUSH, LOWELL M**
 STREET ADDRESS **341 S. WASHINGTON**
 CITY-ST-ZIP **LANCASTER WI 53813**

TITLE **CP** ☐ Delete
 NAME **BUSH, JOYCE**
 STREET ADDRESS **341 S WASHINGTON**
 CITY-ST-ZIP **LANCASTER WI.53813**

TITLE **T** ☐ Delete
 NAME **ANGELL, EARL V**
 STREET ADDRESS **1211 ST LUKE DR STE 304**
 CITY-ST-ZIP **SPENCER IA 51301-6064**

TITLE **D** ☐ Delete
 NAME **MOORE, JON**
 STREET ADDRESS **331 3RD AVE NW**
 CITY-ST-ZIP **EPHRATA WA 99923**

TITLE **D** ☐ Delete
 NAME **BUSH, MARK**
 STREET ADDRESS **4050 STERLING**
 CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 617, 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.

Earl Angell

SIGNATURE:

REQUIRED

Treasurer

785-272-4832

CR2E037 (10/00)