

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90007 030 \*\*\*150.00

<b>DOCUMENT #</b>	<b>G42428</b>
<b>1. Entity Name</b>	
<b>WATERMAN BROADCASTING CORPORATION OF FLORIDA</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>3719 CENTRAL AVENUE</b>	<b>3719 CENTRAL AVENUE</b>
<b>P.O. BOX 7578</b>	<b>P.O. BOX 7578</b>
<b>FT. MYERS FL 33911-7578</b>	<b>FT. MYERS FL 33911-7578</b>
<b>US</b>	<b>US</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>4. FEI Number</b>	<b>59-2308739</b>	Applied For
		Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>CT CORPORATION SYSTEM</b>
<b>1200 S. PINE ISLAND ROAD</b>
<b>PLANTATION FL 33324</b>

<b>7. Name and Address of New Registered Agent</b>
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.**

<b>SIGNATURE</b>	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b>	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b>	<b>After May 1, 2002 Fee will be \$550.00</b>	<b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DP WATERMAN, BERNARD E</b>
<b>STREET ADDRESS</b>	<b>3719 CENTRAL AVE</b>
<b>CITY-ST-ZIP</b>	<b>FT MYERS FL</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DS WATERMAN, EDITH B</b>
<b>STREET ADDRESS</b>	<b>3719 CENTRAL AVE</b>
<b>CITY-ST-ZIP</b>	<b>FT MYERS FL</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>V PONTIUS, STEVEN H.</b>
<b>STREET ADDRESS</b>	<b>3719 CENTRAL AVE</b>
<b>CITY-ST-ZIP</b>	<b>FT MYERS, FL 00000</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b>	<i>Bernard E Waterman</i>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/01)