2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G42428

1. Entity Name

WATERMAN BROADCASTING CORPORATION OF FLORIDA



Principal Place of Business

3719 CENTRAL AVENUE

P.O. BOX 7578

FT. MYERS, FL 33911-7578 US

Mailing Address

3719 CENTRAL AVENUE P.O. BOX 7578

FT. MYERS, FL 33911-7578 US

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90256 015 ***150.00



DO NOT WRITE IN THIS SPACE

Dinack Englerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01062006	No Chg-P	CR2E034 (11/05)	

4. FEI Number	Applied For	
59-2308739	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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									
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🗍	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATERMAN, BERNARD E 3719 CENTRAL AVE FT MYERS, FL								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATERMAN, EDITH B SS 3719 CENTRAL AVE FT MYERS, FL								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PONTIUS, STEVEN H. 3719 CENTRAL AVE FT MYERS, FL 00000,		DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.									