


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000002654	
<b>1. Entity Name</b> KEY BISCAYNE COMMUNITY TELEVISION, INCORPORATED	

<b>Principal Place of Business</b> 800 CRANDON BLVD. STE 208 KEY BISCAYNE FL 33149	<b>Mailing Address</b> 800 CRANDON BLVD. KEY BISCAYNE FL 33149
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

**4. FEI Number** 65-1004046 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CAMBO, MANUEL A  
621 HARBOUR DRIVE  
KEY BISCAYNE FL 33149

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

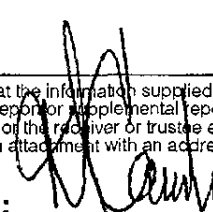
**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D/C	<input type="checkbox"/> Delete CAMBO, MANUEL 621 HARBOUR DRIVE KEY BISCAYNE FL 33149	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000368513 05/31/05-80004-008 61.25
<b>TITLE</b> D	<input type="checkbox"/> Delete BALDWIN, ROBERT 290 SUNRISE DRIVE #2A KEY BISCAYNE FL 33149	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> DT	<input type="checkbox"/> Delete KLENE, JOE 151 CRANDON BLVD., #242 KEY BISCAYNE FL 33149	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<input type="checkbox"/> Delete SMITH, NORMAN 346 GULF ROAD KEY BISCAYNE FL 33149	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<input type="checkbox"/> Delete DURHAM, BILL 260 CRANDON BLVD., #6 KEY BISCAYNE FL 33149	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**  **CHAMBO, MANUEL A. CAMBO** 5/25/05 305 244 6947 01#

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR