

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004552

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** PUBLIC RADIO INFORMATION SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

325 VALECIA ROAD  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

6050 BABCOCK STREET SE -  
23  
PALM BAY, FL 32909

**Current Mailing Address:**

325 VALENCIA ROAD  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 74-3124144      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENNETT, LETHA  
325 VALENCIA ROAD  
MELBOURNE, FL 32904      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BENNETT, LETHA  
Address: 325 VALENCIA ROAD  
City-St-Zip: MELBOURNE, FL 32904

Title: D      ( ) Delete  
Name: JULIAN, JAN  
Address: 325 VALENCIA ROAD  
City-St-Zip: MELBOURNE, FL 32904

Title: D      ( ) Delete  
Name: BENNETT, RANDY  
Address: 325 VALENCIA ROAD  
City-St-Zip: MELBOURNE, FL 32904

Title: D      ( ) Delete  
Name: GARNER, BROOKS  
Address: 325 VALENCIA ROAD  
City-St-Zip: MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LB

D

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date