

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004714 1. Entity Name FLORIDA EDUCATIONAL BROADCASTING, INC.	
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Principal Place of Business 634 NE BOULEVARD GAINESVILLE, FL 32607	Mailing Address 634 NE BOULEVARD GAINESVILLE, FL 32607
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03262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HONEYCUTT, ROBERT 634 NE BOULEVARD GAINESVILLE, FL 32607
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2004**

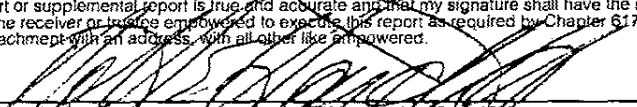
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**1100000098817
03/29/04-80057-009 70.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONEYCUTT, ROBERT 634 NE BOULEVARD GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONEYCUTT, MARY 634 NE BOULEVARD GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAKA, LYNN 628 NE BOULEVARD GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:  **3/26/04 352-371-0090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #