

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004714

FILED  
Feb 13, 2006  
Secretary of State

Entity Name: FLORIDA EDUCATIONAL BROADCASTING, INC.

## Current Principal Place of Business:

634 NE BOULEVARD  
GAINESVILLE, FL 32607

## New Principal Place of Business:

634 NE BOULEVARD  
GAINESVILLE, FL 32601

## Current Mailing Address:

634 NE BOULEVARD  
GAINESVILLE, FL 32607

## New Mailing Address:

634 NE BOULEVARD  
GAINESVILLE, FL 32601

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HONEYCUTT, ROBERT  
634 NE BOULEVARD  
GAINESVILLE, FL 32607 US

## Name and Address of New Registered Agent:

HONEYCUTT, ROBERT  
634 NE BOULEVARD  
GAINESVILLE, FL 32601 US

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: ROBERT E. HONEYCUTT

02/13/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HONEYCUTT, ROBERT  
Address: 634 NE BOULEVARD  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: HONEYCUTT, MARY  
Address: 634 NE BOULEVARD  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: STRAKA, LYNN  
Address: 628 NE BOULEVARD  
City-St-Zip: GAINESVILLE, FL 32601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HONEYCUTT, ROBERT  
Address: 634 NE BOULEVARD  
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Change ( ) Addition  
Name: HONEYCUTT, MARY  
Address: 634 NE BOULEVARD  
City-St-Zip: GAINESVILLE, FL 32601

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT E. HONEYCUTT

D

02/13/2006

Electronic Signature of Signing Officer or Director

Date