

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90044 017 ****61.25

DOCUMENT # N01000006224

1. Entity Name

BAY AREA MEDIA NETWORK, INCORPORATED



Principal Place of Business

**2403 STATE STREET
TAMPA FL 33609**

Mailing Address

**2403 STATE STREET
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3573292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWSON, MONICA Z
2403 STATE STREET
TAMPA FL 33609**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **CARUSO, JILL**
STREET ADDRESS **5713 E. LONGBOAT BLVD**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **AMY WITT**
STREET ADDRESS **11500 9th St. N**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **DVP** ☒ Delete
NAME **BEAVER, JENNIFER**
STREET ADDRESS **3933 E EDEN ROC CIRCLE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **BONITA ELIAS**
STREET ADDRESS **7201 E. Hillsborough Ave**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **DVS** ☒ Delete
NAME **CONLAN, LYNNE**
STREET ADDRESS **WMOR-TV 7201 E. HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **BILL DIAZ**
STREET ADDRESS **4045 N. HINES**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **DT** ☒ Delete
NAME **DIAZ, BILL**
STREET ADDRESS **365 105TH TERRACE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **TRACY MOORE**
STREET ADDRESS **11450 GANDY BLVD.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jennifer L. Beaver* **Jennifer L. Beaver** **2-11-04** **(727) 803-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #