2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# N02680

Entity Name: FLORIDA EDUCATIONAL TELEVISION, INC.

Current Principal Place of Business:

5200 N. FEDERAL HWY
SUITE #2
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

5200 N. FEDERAL HWY
SUITE #2-1045
FT LAUDERDALE, FL 33308 US

Current Mailing Address:

5200 N. FEDERAL HWY
SUITE #2
FT LAUDERDALE, FL 33308 US

New Mailing Address:

5200 N. FEDERAL HWY
SUITE #2-1045
FT LAUDERDALE, FL 33308 US

FEI Number: 59-2422847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENKEL, R. WILLIAM DR
5209 N. FEDERAL HWY
SUITE #2
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

HENKEL, R. WILLIAM DR
5209 N. FEDERAL HWY
SUITE #2-1045
FT LAUDERDALE, FL 33308 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: _____ 05/16/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: HENKEL, R. WILLIAM D, R
Address: 5200 N. FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VD (X) Delete
Name: SCHECTOR, MORRIE LEE, DR
Address: 5200 N. FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD (X) Delete
Name: ALBURY, ELIZABETH H, DR
Address: 5200 N. FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: HENKEL, R. WILLIAM D, R
Address: 5200 N. FEDERAL HWY, SUITE 2-1045
City-St-Zip: FORT LAUDERDALE, FL 33308

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: DR. R. WILLIAM HENKEL PD 05/16/2008
Electronic Signature of Signing Officer or Director — Date