

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02680

**FILED**  
**Sep 14, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA EDUCATIONAL TELEVISION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

HENKEL, R. WILLIAM PSD  
5200 N. FEDERAL HWY  
SUITE #2-1045  
FT LAUDERDALE, FL 33308 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: PSD  
Name: HENKEL, R. WILLIAM DR  
Address: 5200 N. FEDERAL HWY, SUITE 2-1045  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: DR. R. WILLIAM HENKEL

PSD

09/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date