2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-04-2003 90065 024 ****70.00

DOCUMENT # N02680

1. Entity Name
FLORIDA EDUCATIONAL TELEVISION, INC.

Principal Place of Business	Mailing Address
3300 N PORT ROYALE DR SUITE 105 FT LAUDERDALE FL 33308 US	3300 N PORT ROYALE DR SUITE 105 FT LAUDERDALE FL 33308 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5200 N. Federal Hwy Suite #2
City & State	Fort Lauderdale
Zip / Country	33308 / Florida

4. FEI Number 59-2422847 ☐ 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
HENKEL, R. WILLIAM DR 3300 N PORT ROYALE DR. SUITE 105 FT LAUDERDALE FL 33308	Name: R. William Henkel Street Address (P.O. Box Number is Not Acceptable): 5200 N. Federal Hwy Suite #2 City: Ft. Lauderdale FL Zip Code: 33308

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	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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HENKEL, R. WILLIAM DR 3300 N PORT ROYALE DR., SUITE 105, FT LAUDERDALE FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHECTOR, MORRIE LEE DR 3300 N PORT ROYALE DR., SUITE 105 FT LAUDERDALE FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBURY, ELIZABETH H DR 3300 N PORT ROYALE DR., SUITE 105 FT LAUDERDALE FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5200 N. Federal Hwy Suite #2 Ft. Lauderdale FL 33308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

954-267-9988

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: SIGNATURE REQUIRED 3/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #