## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 03, 2008 8:00 am **Secretary of State** DOCUMENT # N05000000886 03-03-2008 90210 028 \*\*\*\*61.25 SPANISH RADIO & TV MISSION, INC. Principal Place of Business Mailing Address 1425 MADISON IVY CIRCLE 1425 MADISON IVY CIRCLE APOPKA, FL 32712 APOPKA, FL 32712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 57-1193744 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GANDARA, JOSE M 1425 MADISON IVY CIRCLE Street Address (P.O. Box Number is Not Acceptable) APOPKA, FL 32712 Zip Code FL 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. SOL M. Gaydain 02-28-2008 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GANDARA, JOSE M NAME NAME STREET ADDRESS 1425 MADISON IVY CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-7IP SD TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MUEHLING, JIM NAME STREET ADDRESS 3909 STEVENSON BLVD., #506 STREET ADDRESS CITY-ST-ZIP FREMONT, CA 94538 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition Rosalia Gandara NAME GANDARA, JORG NAME 1425 MADISON IVY CIRCLE STREET ADORESS 1425 MADISON LUY CITCLE AMPKA FL 32712 STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-7IP TITLE Change Delete TITLE ☐ Addition MARSHALL, DEAN NAME NAME STREET ADDRESS 5848 HAENER WAY STREET ADDRESS CITY-ST-ZIP NEWARK, CA 94560 CCTY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition NAME CHING, MARGARET NAME STREET ADDRESS 35484 COLUER PL STREET ADDRESS CITY-ST-ZIP FREMONT, CA 94536 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 addiess, with all other like empowered.

SIGNATURE:

FILED