2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N05000012989

Entity Name: BREVARD COMMUNITY BROADCASTING, INC.

Current Principal Place of Business:

P.O. BOX 100085
PALM BAY, FL 32910

New Principal Place of Business:

6050 BABCOCK STREET SE -
23
PALM BAY, FL 32909

Current Mailing Address:

325 VALENCIA ROAD
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-4022616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD, SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

BENNETT, CLIFF
325 VALENCIA ROAD
MELBOURNE, FL 32904 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: CB 04/29/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENNETT, CLIFF
Address: 325 VALENCIA ROAD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D ( ) Delete
Name: DAVID, MICHAEL
Address: P.O. BOX 100085
City-St-Zip: PALM BAY, FL 32910

Title: D ( ) Delete
Name: KILE, STACEY
Address: P.O. BOX 100085
City-St-Zip: PALM BAY, FL 32910

Title: D ( ) Delete
Name: SAMPSON, CARL
Address: P.O. BOX 100085
City-St-Zip: PALM BAY, FL 32910

Title: D ( ) Delete
Name: O'CONNOR, TIM
Address: P.O. BOX 100085
City-St-Zip: PALM BAY, FL 32910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CB D 04/29/2007
Electronic Signature of Signing Officer or Director Date