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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

423362 - 90288 - 43

DOCUMENT # **N14963**

1. Corporation Name

SUNBELT EDUCATIONAL BROADCASTING, INC.

Principal Place of Business	Mailing Address
1441 LAVENDER ST 12225 PANTHER RIDGE DR. DELTONA FL 32725 US	1441 LAVENDER ST 12225 PANTHER RIDGE DR. DELTONA FL 32725 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1441 LAVENDER ST	26 1441 LAVENDER ST	05/19/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2915074 ☐ Applied For ☐ Not Applicable
City & State 23 DELTONA, FL	City & State 28 DELTONA, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32725 25	Zip / Country 29 32725 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CORTIZ, RAUL
1441 LAVENDER ST.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name: RAUL ORTIZ
82 Street Address (P.O. Box Number is Not Acceptable): 1441 LAVENDER ST
83
84 City: DELTONA FL 85 Zip Code: 32725

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALL, MERRILL H.		1.2 NAME		
STREET ADDRESS	12225 PANTHER RIDGE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	AS (ASSIST. SEC.) IRMA E. JIMENEZ-LOPEZ 5646 RYWOOD DR. ORLANDO, FL 32810	
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALL, THELMA		2.2 NAME		
STREET ADDRESS	12225 PANTHER RIDGE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		
NAME	ORTIZ, RAUL		3.2 NAME		
STREET ADDRESS	1441 LAVENDER ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HANCOCK, WAYNE J		4.2 NAME		
STREET ADDRESS	508 LONE OAK DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, DANIEL		5.2 NAME		
STREET ADDRESS	3246 BRETTON WOODS TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELTON FL 32738		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, EUGENE		6.2 NAME		
STREET ADDRESS	14440 CR 516 A		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL ORTIZ REQUIRED 4/26/99 407-574-0174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #