2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14963

FILED
Aug 30, 2000 8:00 am
Secretary of State
08-30-2000 90006 031 ****61.25

1. Entity Name

SUNBELT EDUCATIONAL BROADCASTING, INC.

Principal Place of Business	Mailing Address
1441 LAVENDER ST DELTONA FL 32725 US	1441 LAVENDER ST DELTONA FL 32725 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2915074 ☐ 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
ORTIZ, RAUL 1441 LAVENDER ST. DELTONA FL 32725	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALL, MERRILL H. 12225 PANTHER RIDGE DRIVE JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS JIMENEZ, IRMA E 5646 RYWOOD DR ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORTIZ, RAUL 1441 LAVENDER ST DELTONA FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANCOCK, WAYNE J 508 LONE OAK DRIVE LEESBURG FL 34788	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAVIER SANTIAGO 2207 GRASMERE DR. APOPKA, FL 32703 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GONZALEZ, DANIEL 3246 BRETTON WOODS TERR DELTON FL 32738	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RUTH FORDE 3837 FALLING LEAF LN ORLANDO, FL 32810 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TORRES, EUGENE 14440 CR 516 A CLERMONT FL 34711	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: RAUL ORTIZ 8/28/00 (407)574-0174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #