

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90004 011 ****61.25

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DOCUMENT # N14963 1. Entity Name SUNBELT EDUCATIONAL BROADCASTING, INC.					
Principal Place of Business 1441 LAVENDER ST DELTONA, FL 32725 US			Mailing Address 1441 LAVENDER ST DELTONA, FL 32725 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2915074	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORTIZ, RAUL 1441 LAVENDER ST. DELTONA, FL 32725				7. Name and Address of New Registered Agent Name <u>CORTIZ, RAUL</u> Street Address (P.O. Box Number is Not Acceptable) <u>1441 LAVENDER ST</u> <u>DELTONA,</u> City <u>FL</u> Zip Code <u>32725</u>	
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR/ARTIE ASTACIO 4406 MIDDLEBURG CT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JIMENEZ, IRMA E 5646 RYWOOD DR ORLANDO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONIO LUNA 105 LAKE CORTES DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C ORTIZ, RAUL 1441 LAVENDER ST DELTONA, FL 32725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTIAGO, JAVIER 2207 GRASMER DR APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORDE, RUTH 3837 FALLING LEAF LN ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSAY, BING 10417 E. JOY LN. INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Raul Ortiz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>8/22/05</u> <u>386-574-0174</u> <small>Date Daytime Phone #</small>	