

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14963

FILED
Apr 22, 2009
Secretary of State

Entity Name: SUNBELT EDUCATIONAL BROADCASTING, INC.

Current Principal Place of Business:

1015 ROSSETA DRIVE
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1015 ROSSETA DRIVE
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-2915074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, RAUL
1015 ROSSETA DRIVE.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WALL, MERRILL H.
Address: 12225 PANTHER RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: JIMENEZ-LOPEZ, IRMA E
Address: 5646 RYWOOD DR
City-St-Zip: ORLANDO, FL

Title: PC () Delete
Name: ORTIZ, RAUL
Address: 1441 LAVENDER ST
City-St-Zip: DELTONA, FL 32725

Title: VD (X) Delete
Name: SANTIAGO, JAVIER
Address: 2207 GRASMERE DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CAMACHO, EDGAR
Address: 180 PROMENADE CIR
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Change () Addition
Name: GUERRERO, ANA M
Address: 180 ALDER CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: RAUL ORTIZ

PC

04/22/2009

Electronic Signature of Signing Officer or Director

Date