## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # NI 4062

SIGNATURE:



## FILED Mar 21, 2003 8:00 am § Secretary of State

1. Entity Na	T EDUCATIONAL BROADCAS			03-21-2003 90126 003 ****61.25					
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	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number <b>59-2915074</b> Applied For				7
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 A		4
	6. Name and Address of Current	Registered Agent	<u> </u>	1	7. Name and Add	ress of New Rea	'		┥
_			Name			<u></u>			1
CORTIZ,	RAUL					The second second second		<u> </u>	╛
1441 LA	vender St.		Street Ad	aaress (P.	O. Box Number is N	Not Acceptable)			1
DELTON	A FL 32725				,	·			┨
	\$		- Cit.			<del>-</del>	1		╛
			City				FL Zip Co		
8. The abov the obliga	e named entity submits this statement for ations of registered agent.	r the purpose of changing its	registered office or	registered	d agent, or both, in t	the State of Florid	a. I am familiar with	, and accept	1
SIGNATURE	Signature, typed or printed name of registered agent a		E: Registered Agent signatur						1
	FILE NOW: FEE IS \$61.25	Trust Fund (		⊿ لــ	\$5.00 May Be Added to Fees	Florida	Check Payable Department of	State	
10.	OFFICERS AND DIR		11.	A	DDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS I		]
TITLE NAME	WALL, MERRILL H.	☐ Delete	TITLE	D			. Change	Addition	13
STREET ADDRESS	12225 PANTHER RIDGE DRIVE		NAME	BIM	16 12A	MSAY	/		1
CITY-ST-ZIP			STREET ADDRESS	104	117 8	YOU	LN	۸	Į;
<del></del>	JACKSONVILLE FL	<del></del>	CITY-ST-ZIP:	1/	IVERN	ESS, F	-1 344	150	
TITLE NAME	S HMENEZ IDMA E	☐ Delete	TITLE	7	DIVA	4150	1/4-x Change	Addition	١
STREET ADDRESS	Jiménez, irma e 5646 Rywood dr		NAME	MA	1212/18	1/6/2	XXXX E Z	_	ľ
CITY-ST-ZIP	ORLANDO FL		STREET ADDRESS	1/26	5 / 4/4	N & 12	200	= /	Ì
	P P		CHY-SI-ZIP	417,	5 TUR AMONT 327	E SPL	ZINOS, T	<u></u>	1
TITLE NAME	ORTIZ, RAUL	☐ Delete	TITLE		327	(4	Change	☐ Addition ☐	۲
STREET ADDRESS	1441 LAVENDER ST		NAME			•			
CITY-ST-ZIP	DELTONA FL 32725		STREET ADDRESS CITY-ST-ZIP						1
TITLE	VD	По	<del></del>			-			
NAME	SANTIAGO, JAVIER	☐ Delete	. TITLE NAME				☐ Change	Addition	
STREET ADDRESS	2207 GRASMERE DR		STREET ADDRESS					ı	l
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP						
TITLE	D	□ Delete	TITLE						ĺ
NAME	FORDE, RUTH	LI Delete	NAME				☐ Change	☐ Addition	l
STREET ADDRESS	3837 FALLING LEAF LN		STREET ADDRESS						í
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP						
TITLE	+	<u> </u>	TITLE					<b>M</b>	
NAME		:	NAME -	ر تا الله الله الله الله الله الله الله ا	en e		☐ Change	Addition	l
STREET ADDRESS		1	STREET ADDRESS	~					ļ
CITY-ST-ZIP			CITY-ST-ZIP						
		<u>`</u>		٠				l l	
	on this report of supplementaneport is to poration or the receiver or trustee empow or on an attachment with an address, wi	vered to execute this report a	the exemption stated y signature shall hav is required by Chapt	d in Section	on 119.07(3)(i), Flori ne legal effect as if r lorida Statutes; and	ida Statutes. I furti made under oath;	her certify that the inthat I am an officer	nformation or director	