

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15291

FILED  
Aug 23, 2007  
Secretary of State

**Entity Name:** SOUTHERN FLORIDA INSTRUCTIONAL TELEVISION, INC.

**Current Principal Place of Business:**

11011 SW 104 STREET  
ROOM 9157  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

11011 SW 104 STREET  
ROOM 9157  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 65-0191922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HERLEMAN, KARL  
11011 SW 104 STREET  
ROOM 9157  
MIAMI, FL 33176 US

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: D ( ) Delete  
Name: DAVIS, CYNTHIA  
Address: 111300 NE 2ND AVENUE  
City-St-Zip: MIAMI SHORES, FL 33161

Title: V ( ) Delete  
Name: GIBBS, MEREDITH  
Address: 300 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33132

Title: P ( ) Delete  
Name: HERLEMAN, KARL  
Address: 11011 SW 104TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: BALLA, RUTH ANN  
Address: 300 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: GORSKI, STEVE  
Address: 11490 COMMERCE PARK DRIVE  
City-St-Zip: RESTON, VA 20191

Title: D ( ) Delete  
Name: LABONIA, JOHN  
Address: 172 NE 15 STREET  
City-St-Zip: MIAMI, FL 33132

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KARL HERLEMAN

P

08/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date