2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N21488 1. Entity Name 04-19-2004 90733 016 ****61.25 FLORIDA PUBLIC TELECOMMUNICATIONS ASSOCIATION, INC. Principal Place of Business Mailing Address BAYWOOD CENTER SUITE 140 9432 BAYMEADOWS ROAD **BAYWOOD CENTER SUITE 140** 94057635 9432 BAYMEADOWS ROAD JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0078684 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOBIN, DAVID S Palmetto fark 7251 W APLMETTO PARK RD Correct SUITE 205 **BOCA RATON FL 33433** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Executive Director (ロ) LUBBEHUSEN, RICK NAME NAME Bruce Renard 9432 Baymeadows Rd Stc. 140 1140 CAPITAL CIRCLE SE SUITE 11 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, Fr. 32256 TITLE ☐ Change TITLE □ Delete ☐ Addition ROSE, TOM NAME NAME 1846 CARGO COURT STREET ADDRESS STREET ADDRESS LOUISVILLE KY 40299 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change WILLIAMS, JOE NAME NAME 1761 NW 12 AVE STREET ADDRESS STREET ADDRESS **HOMESTEAD FL 33030-2935** CITY-ST-ZIP CITY-ST-ZIP DDF☐ Delete TITLE ☐ Change ☐ Addition MEZRAH, ALLAN NAME 2011 W CLEVELAND ST SUITE A STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition JACKSON, BILL NAME NAME 9390 WESTLINKS TERRACE STREET ADDRESS STREET ADDRESS SEMINOLE FL 33777-9999 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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. BRUCE W. RENARD 04-14-04 904-425-3660 Duce W. Kengel SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP