

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N23760

1. Entity Name
FRIENDS BROADCASTING, INC.



Principal Place of Business
**C/O TOM CRAWFORD
2180 SE MORNINGSID BLVD.
PORT ST. LUCIE, FL 34952**

Mailing Address
**C/O TOM CRAWFORD
2180 SE MORNINGSID BLVD.
PORT ST. LUCIE, FL 34952**



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04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0027942

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, TOM
2180 SE MORNINGSID BLVD.
PORT ST. LUCIE, FL 34952**

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IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000127085
04/23/04-80060-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, LEROY 1600 TILTON ROAD PT. ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIGGLE, RAY 803 SE ROULETTE LANE PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AGLER, BEN 1140 S.W. GREENBRIAR COV PT. ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Leroy Phillips Leroy Phillips 4/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #