

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23760

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** FRIENDS BROADCASTING, INC.

**Current Principal Place of Business:**

C/O TOM CRAWFORD  
2180 SE MORNINGSIDE BLVD.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TOM CRAWFORD  
2180 SE MORNINGSIDE BLVD.  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 65-0027942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAWFORD, TOM  
2180 SE MORNINGSIDE BLVD.  
PORT ST. LUCIE, FL 34952 US

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

WILLIAMS, RAYMOND PD  
2180 SE MORNINGSIDE BLVD.  
PORT ST. LUCIE, FL 34952 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: RAYMOND WILLIAMS

02/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PHILLIPS, LEROY  
Address: 5415 NORTHWEST CLARK AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD  
Name: WILLIAMS, RAYMOND  
Address: 849 SOUTHEAST DEGAN DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND WILLIAMS

PD

02/17/2010

Electronic Signature of Signing Officer or Director

Date