


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90011 016 ****61.25

DOCUMENT # N28921
 1. Entity Name
 SOUTH FLORIDA RESEARCH COUNCIL, INC.



Principal Place of Business
 WPLG-TV
 3900 BISCAYNE BLVD
 MIAMI, FL 33137 US

Mailing Address
 3900 BISCAYNE BLVD
 MIAMI, FL 33137 US

54054135



2. Principal Place of Business
 WSVN-TV

Suite, Apt. #, etc.
 1401 79th St. Cswy

City & State
 Miami, FL

Zip
 33141

3. Mailing Address
 Suite, Apt. #, etc.
 1401 79th St. Cswy

City & State
 Miami FL

Zip
 33141

Country
 US

05112004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0126433

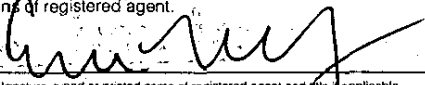
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TAPANES, PATRICIA
 WPLG-TV
 3900 BISCAYNE BLVD
 MIAMI, FL 33137

7. Name and Address of New Registered Agent
 Name ERICA MILGRAM
 Street Address (P.O. Box Number is Not Acceptable)
 1401 79th St. Cswy
 City Miami FL Zip Code 33141

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  DATE 5/1/04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by September 8, 2004

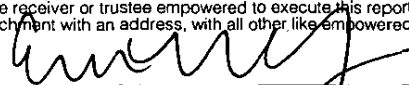
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME BRYDEN, ALLEN	
STREET ADDRESS 15000 SW 27TH STREET	
CITY-ST-ZIP MIRAMAR, FL 33027	
TITLE ST	<input type="checkbox"/> Delete
NAME TAPANES, PATRICIA	
STREET ADDRESS 3900 BISCAYNE BLVD.	
CITY-ST-ZIP MIAMI, FL 33137	
TITLE D	<input type="checkbox"/> Delete
NAME FRAZIER, BETTY	
STREET ADDRESS 15000 SW 27 ST	
CITY-ST-ZIP MIRAMAR, FL 33027	
TITLE D	<input type="checkbox"/> Delete
NAME CRAWFORD, MARCI	
STREET ADDRESS 2055 LEE STREET	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tapanes, Patricia	
STREET ADDRESS 3900 Biscayne Blvd	
CITY-ST-ZIP Miami FL 33137	
TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Erica Milgram	
STREET ADDRESS 1401 79th St. Cswy	
CITY-ST-ZIP Miami, FL 33141	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE 5/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #