

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

3. Mailing Address

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

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

City & State
Miami, FL

City & State
Miami FL

Zip
33141

Country
US

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 **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

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/04

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** ☒ Delete
NAME **BRYDEN, ALLEN**
STREET ADDRESS **15000 SW 27TH STREET**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **ST** ☐ Delete
NAME **TAPANES, PATRICIA**
STREET ADDRESS **3900 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **D** ☐ Delete
NAME **FRAZIER, BETTY**
STREET ADDRESS **15000 SW 27 ST**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **D** ☐ Delete
NAME **CRAWFORD, MARCI**
STREET ADDRESS **2055 LEE STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☒ Change ☐ Addition
NAME **Tapanes, Patricia**
STREET ADDRESS **3900 Biscayne Blvd**
CITY-ST-ZIP **Miami FL 33137**

TITLE **ST** ☐ Change ☒ Addition
NAME **Erica Milgram**
STREET ADDRESS **1401 79th St. Cswy**
CITY-ST-ZIP **Miami, FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

Daytime Phone #