


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90060 036 ****61.25

DOCUMENT # N28921			
1. Entity Name SOUTH FLORIDA RESEARCH COUNCIL, INC.			
Principal Place of Business WSVN - TV 1401 79TH ST. CSWY MIAMI BEACH, FL 33141 US		Mailing Address WSVN - TV 1401 79TH ST. CSWY MIAMI BEACH, FL 33141 US	
2. Principal Place of Business - No P.O. Box # WSCV-T-51 Suite: Apt. #, etc. 15000 SW 27th Street		3. Mailing Address 15000 SW 27th Street Suite: Apt. #, etc. WSCV-T-51	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33027	Country USA	Zip 33027	Country USA
6. Name and Address of Current Registered Agent MILGRAM, ERICA 1401 79TH ST. CSWY MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name: Allen Brydger Street Address (P.O. Box Number is Not Acceptable): 15000 SW 27th Street City: Miramar FL Zip Code: 33027	
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: <u>Allen Brydger</u> DATE: <u>2-28-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 ✓ Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILGRAM, ERICA 1401 79TH ST. CSWY MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Leslie Turkenitz, Leslie 9405 NW 41 Street Miami, Florida 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, MARCI 3900 BISCAYNE BLVD. MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYDGER, ALLEN 15000 SW 27 ST MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Allen Brydger</u>		Date: <u>2-28-07</u> Daytime Phone #: <u>954-622-7715</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	