


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90048 026 \*\*\*\*61.25

DOCUMENT # **N28921**

1. Entity Name  
**SOUTH FLORIDA RESEARCH COUNCIL, INC.**



Principal Place of Business  
**WBZL-TV  
2055 LEE STREET  
HOLLYWOOD FL 33020  
US**

Mailing Address  
**2055 LEE STREET  
HOLLYWOOD FL 33020  
US**

**11005675**



2. Principal Place of Business  
**WPLG-TV**

3. Mailing Address  
**3900 Biscayne Blvd**

Suite, Apt. #, etc.  
**3900 Biscayne Blvd**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0126433**

Applied For  
 Not Applicable

Zip  
**33137**

Country  
**US**

Zip  
**33137**

Country  
**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAWFORD, MARCI  
WBZL-TV  
2055 LEE STREET  
HOLLYWOOD FL 33020**

Name  
**Patricia Tapanes**

Street Address (P.O. Box Number is Not Acceptable)  
**WPLG-TV  
3900 Biscayne Blvd**

City  
**Miami**

FL Zip Code  
**33137**

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 **Patricia Tapanes** **Patricia Tapanes / Secretary-Treasurer** **4-18-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
**P**

NAME  
**CRAWFORD, MARCI**

STREET ADDRESS  
**2055 LEE STREET**

CITY-ST-ZIP  
**HOLLYWOOD FL 33020**

Delete

TITLE  
**P**

NAME  
**Allen Brydger**

STREET ADDRESS  
**15000 SW 27th Street**

CITY-ST-ZIP  
**MIRAMAR, FL 33027**

Change  Addition

TITLE  
**ST**

NAME  
**REINEN, AMY**

STREET ADDRESS  
**3900 BISCAYNE BLVD.**

CITY-ST-ZIP  
**MIAMI FL 33137**

Delete

TITLE  
**ST**

NAME  
**Patricia Tapanes**

STREET ADDRESS  
**3900 Biscayne Blvd**

CITY-ST-ZIP  
**Miami, FL 33137**

Change  Addition

TITLE  
**D**

NAME  
**FRAZIER, BETTY**

STREET ADDRESS  
**15000 SW 27 ST**

CITY-ST-ZIP  
**MIRAMAR FL 33027**

Delete

TITLE  
**~~B~~**

NAME  
**~~Beth E...~~**

STREET ADDRESS  
**~~...~~**

CITY-ST-ZIP  
**~~...~~**

Change  Addition

TITLE  
**D**

NAME  
**BRYDGER, ALLEN**

STREET ADDRESS  
**2290 W 8 AVENUE**

CITY-ST-ZIP  
**HIALEAH FL 33010**

Delete

TITLE  
**D**

NAME  
**Marci Crawford**

STREET ADDRESS  
**2055 Lee Street**

CITY-ST-ZIP  
**Hollywood, FL 33020**

Change  Addition

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE

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: **Patricia Tapanes** **Patricia Tapanes** **4-18-03** **305-325-2315**

CR2E037 (10/02)