2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36786

1. Entity Name

WSRE-TV FOUNDATION, INC.



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90265 040 ****61.25

Principal Place of Business

% WSRE-TV 1000 COLLEGE BLVD. PENSACOLA, FL 32504 Mailing Address

% WSRE-TV 1000 COLLEGE BLVD. PENSACOLA, FL 32504



DO NOT WRITE IN THIS SPACE

04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number	Applied For
59-2993200	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

CESARETTI RAY, SANDRA 1000 COLLEGE BLVD, PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the purpose of chations of registered agent. Sondare, typed or primed name of registered agent and title if applicable.	nging its registered office or r	The straight of the Ha	I am familiar with, and accept		
		n Campaign Financing and Contribution.	\$5.00 May Be Added to Fees			
TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND DIRECTORS CD SNYDER, ROBERT 3535 NORTH ALCANIZ STREET PENSACOLA, FL 32503					
NAME STREET ADDRESS CITY-ST-ZIP	ED CESARETTI RAY, SANDRA 1000 COLLEGE BOULEVARD PENSACOLA, FL 32504	ا مارس مارس				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SNYDER, ROBERT 1000 COL 3535 NORTH ALGANIZ STREET PENSAGOLA, FL 32503	Pope Blud lege Blud la, FL3284	DO NOT WR	ITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICKELSEN, PEGGY Y 3410 NORTH 18TH AVENUE PENSACOLA, FL 32503		IN THIS SPA	CE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZP	TRATE - THE RELABET CONTROL OF THE STATE OF	**************************************	State of the state			
	L		The state of the s			

12. I hereby certify that the information supplied with this filling 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 arraddress, with all pre-rike empowered.

SIGNATURE:

SIGNATURE AND TYPED CHAPTENTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Daytime Phone #