2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36786

FILED May 01, 2006 Secretary of State

Entity Name: WSRE-TV FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2993200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Flatherin Circular of Davidson I Anna

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CD () Delete
 Title:
 CD (X) Change () Addition

 Name:
 NICKELSON, PEGGY
 Name:
 REMKE, ANDRIAN

 Address:
 3410 NORTH 18TH AVENUE
 Address:
 1000 COLLEGE BLVD

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32503

Title: ED () Delete Title: VD (X) Change () Addition Name: CESARETTI RAY, SANDRA Name: OXENHAM, RANDY

Address: 1000 COLLEGE BOULEVARD Address: 1000 COLLEGE BOULEVARD
City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete Title: D (X) Change () Addition Name: POPE, KAREN Name: HEDRICK, VAUGHN

Address: 1000 COLLEGE BLVD. Address: 1000 COLLEGE BLVD.
City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete Title: D (X) Change () Addition

 Name:
 REMKE, ADRIAN
 Name:
 LOVOY, JOE

 Address:
 1000 COLLEGE BLVD
 Address:
 1000 COLLEGE BLVD

 City-St-Zip:
 PENSACOLA, FL 32504
 City-St-Zip:
 PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN T POPE T 05/01/2006