

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37343

FILED
Mar 23, 2009
Secretary of State

Entity Name: MANATEE BROADCASTERS, INC.

Current Principal Place of Business:

519 13TH ST W
519 13TH ST W
BRADENTON, FL 34205 US

New Principal Place of Business:

Current Mailing Address:

519 13TH ST W
519 13TH ST W
BRADENTON, FL 34205 US

New Mailing Address:

FEI Number: 65-0182598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULOCK, EDWIN T. ESQ
519 13TH ST W
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULOCK, EDWIN T
Address: 519 13TH ST W
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: GALLO, GENE
Address: 6607 27TH AVE W
City-St-Zip: BRADENTON, FL 34209

Title: VPD () Delete
Name: BROWN, GENE
Address: 318 32ND STREET W
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: BRISTOW, DAVE
Address: 6908 7TH AVE NW BLVD
City-St-Zip: BRADENTON, FL 34209

Title: STD () Delete
Name: BROWN, CHARLES
Address: 5624 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: CARTER, DANNY
Address: 4908 27TH AVE
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDWIN T. MULOCK

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date