

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

0012479

DOCUMENT # N96000004927

1. Entity Name

VISION BROADCASTING OF FLORIDA, INC.

04-17-2001 90071 041 ****61.25

Principal Place of Business

2701 HODGES BLVD
 JACKSONVILLE FL 32224

Mailing Address

2701 HODGES BLVD
 JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3421884

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE: Delete
 NAME: **DP PAUL D ZINK**
 STREET ADDRESS: **205 NORTH WIND CT**
 CITY-ST-ZIP: **PONTE VEDRA BCH FL**

TITLE: Delete
 NAME: **DST SHARON ZINK**
 STREET ADDRESS: **205 NORTH WIND CT**
 CITY-ST-ZIP: **PONTE VEDRA BCH FL**

TITLE: Delete
 NAME: **DVST JAMES C ZINK**
 STREET ADDRESS: **1817 SPICEBERRY CIR EAST**
 CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: Delete
 NAME: **DV DONAVAN E TINSLEY**
 STREET ADDRESS: **4528 MEADOW WOOD LANE**
 CITY-ST-ZIP: **ELKTON FL**

TITLE: Delete
 NAME: **D JOHNS, JIMMY R**
 STREET ADDRESS: **2701 HODGES BLVD**
 CITY-ST-ZIP: **JACKSONVILLE FL 32224**

TITLE: Delete
 NAME: **D HART, JOHN B**
 STREET ADDRESS: **2701 HODGES BLVD**
 CITY-ST-ZIP: **JACKSONVILLE FL 32224**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 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: _____

SIGNATURE REQUIRED JAMES ZINK 4/12/01 (904) 223-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)