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

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90117 045 ****61.25

DOCUMENT # N96000004927

1. Entity Name
VISION BROADCASTING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2701 HODGES BLVD JACKSONVILLE FL 32224	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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3421884 — Applied For / Not Applicable

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
SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PAUL D ZINK	NAME	
STREET ADDRESS	205 NORTH WIND CT	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	CITY-ST-ZIP	
TITLE	DVST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JAMES C ZINK	NAME	
STREET ADDRESS	1817 SPICEBERRY CIR EAST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	DV ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DONAVAN E TINSLEY	NAME	
STREET ADDRESS	4528 MEADOW WOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	ELKTON FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNS, JIMMY R	NAME	
STREET ADDRESS	2701 HODGES BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HART, JOHN B	NAME	
STREET ADDRESS	2701 HODGES BLVD	STREET ADDRESS	220 8th Ave. N
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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 4/17/03 (904) 223-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number