

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90081 018 \*\*\*\*61.25

**DOCUMENT # N96000005853**

1. Entity Name

**SOUTH FLORIDA ANNENBERG CHALLENGE, INC.**

Principal Place of Business

**150 SE 2ND AVENUE  
SUITE 404  
MIAMI FL 33131**

Mailing Address

**150 SE 2ND AVENUE  
SUITE 404  
MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0720741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROBBINS, MICHAEL J  
222 SE 10TH ST  
FORT LAUDERDALE FL 33316**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LIFTIN, ELAINE</b>	
STREET ADDRESS	<b>ONE E. BROWARD BLVD., #1300</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COBB, CHARLES E JR</b>	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD., PH 1100</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>VIROSTER, GWYNN</b>	
STREET ADDRESS	<b>2601 10TH AVE N</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARRIZURIETA, JORGE L</b>	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD. 15TH FL.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, LEONARD</b>	
STREET ADDRESS	<b>700 N.W. 107TH AVENUE, STE. 400</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Foote II, Edward T.</b>	
STREET ADDRESS	<b>1500 Monza Avenue, Ste. 230</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33124</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Elaine Liftin**

Date

Daytime Phone #

**3/1/02**

CR2E037 (9/01)