

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004415

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: BOCA RATON EDUCATIONAL TELEVISION, INC.

## Current Principal Place of Business:

336 SPANISH RIVER BLVD  
BOCA RATON, FL 33431

## New Principal Place of Business:

1515 NORTH FEDERAL HWY  
SUITE 410  
BOCA RATON, FL 33432

## Current Mailing Address:

336 SPANISH RIVER BLVD  
BOCA RATON, FL 33431

## New Mailing Address:

1515 NORTH FEDERAL HWY  
SUITE 410  
BOCA RATON, FL 33432

FEI Number: 65-0988631      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:

SCHMIDT, DAVID M  
336 SPANISH RIVER BLVD  
BOCA RATON, FL 33431      US

## Name and Address of New Registered Agent:

SCHMIDT, DAVID M  
1515 NORTH FEDERAL HWY  
SUITE 410  
BOCA RATON, FL 33432      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: DAVID SCHMIDT

01/31/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: WHELCHER, SUSAN  
Address: 1250 SABAL PALM DR  
City-St-Zip: BOCA RATON, FL 33432

Title: VPD      ( ) Delete  
Name: BROWN, GEORGE  
Address: 201 WEST PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: SD      ( ) Delete  
Name: DYMOTROW, JAN  
Address: 800 MEADOWS ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: TD      ( ) Delete  
Name: NASH, DEBORAH  
Address: 365 NE 24TH ST  
City-St-Zip: BOCA RATON, FL 33431

Title: D      ( ) Delete  
Name: BOICE, YVONNE  
Address: 6006 SW 18TH ST  
City-St-Zip: BOCA RATON, FL 33433

Title: D      ( ) Delete  
Name: FLODEN, GENE  
Address: 800 NE 39TH STREET  
City-St-Zip: BOCA RATON, FL 33431

## 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: D      (X) Change ( ) Addition  
Name: FOLDEN, GENE  
Address: 800 NE 39TH STREET  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN WHELCHER

PD

01/31/2005

Electronic Signature of Signing Officer or Director

Date