

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004415

FILED
Jan 30, 2006
Secretary of State

Entity Name: BOCA RATON EDUCATIONAL TELEVISION, INC.

Current Principal Place of Business:

1515 NORTH FEDERAL HWY
SUITE 410
BOCA RATON, FL 33432

New Principal Place of Business:

327 PLAZA REAL
SUITE 350
BOCA RATON, FL 33432

Current Mailing Address:

1515 NORTH FEDERAL HWY
SUITE 410
BOCA RATON, FL 33432

New Mailing Address:

327 PLAZA REAL
SUITE 350
BOCA RATON, FL 33432

FEI Number: 65-0988631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHMIDT, DAVID M
327 PLAZA REAL
SUITE 350
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:

01/30/2006

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: DYMTROW, 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: FOLDEN, 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: TD (X) Change () Addition
Name: NASH, DEBORAH
Address: 1295 NE 4TH CT
City-St-Zip: BOCA RATON, FL 33432

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 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: SUSAN WHELCHER

PD

01/30/2006

Electronic Signature of Signing Officer or Director

Date