2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N99000004699

Entity Name: MERRITT ISLAND PUBLIC RADIO, INC.

Current Principal Place of Business:

1970 PORPOISE ST.
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

1970 PORPOISE ST.
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-3743579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, BILL
1970 PORPOISE ST.
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MANERS, AARON
Address: 80 N. HILLTOP DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: STD ( ) Delete
Name: HOFFMAN, BILL
Address: 1970 PORPOISE ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD ( ) Delete
Name: MCKEE, HEATHER
Address: 2235 KANSAS ST.
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: HILDRETH, MARGARET
Address: 3535 SABLE PLAM LANE
City-St-Zip: TITUSVILLE, FL 32780

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:

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: AARON MANERS PD 04/30/2004
Electronic Signature of Signing Officer or Director — Date