

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90355 009 ***550.00

DOCUMENT # P00000056661

1. Entity Name
SENIOR BROADCASTING CORPORATION



Principal Place of Business
1100 MAIN STREET
THE VILLAGES FL 32159

Mailing Address
1100 MAIN STREET
THE VILLAGES FL 32159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3653503

Applied For
 Not Applicable

Zip Country

Zip Country

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

ROY, STEVEN M
1100 MAIN STREET
THE VILLAGES FL 32159

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PARR, JENNIFER L	
STREET ADDRESS	1100 MAIN ST	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATHEWS, TRACY L	
STREET ADDRESS	1100 MAIN ST	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ROY, STEVEN M	
STREET ADDRESS	1100 MAIN ST	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	T	<input type="checkbox"/> Delete
NAME	WISE, JOHN F	
STREET ADDRESS	1100 MAIN ST	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **John F. Wise** **7.8.02** **(352) 753-6276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)