


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90063 041 \*\*\*158.75

<b>DOCUMENT # P05000166147</b>	
1. Entity Name <b>THE FLORIDA ASSOCIATION OF BLACK OWNED MEDIA, INC.</b>	

Principal Place of Business <b>545 N W 7TH TERRACE FORT LAUDERDALE, FL 33311</b>	Mailing Address <b>545 N W 7TH TERRACE FORT LAUDERDALE, FL 33311</b>
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40107010



2. Principal Place of Business - No P.O. Box # <b>545 N.W. 7th Terrace</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Fort Lauderdale, FL</b>	Suite, Apt. #, etc.
City & State	City & State
Zip <b>33311</b>	Country <b>Broward</b>

05022007 Chg-P CR2E034 (12/06)

4. FEI Number <b>APPLIED FOR</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HENRY, BOBBY R SR. 5140 S W 21ST COURT PLANTATION, FL 33317</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HENRY, BOBBY R SR. 5140 S W 21ST COURT PLANTATION, FL 33317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HUNTER, JOHNNY SR. 3006 GOODRICH AVE. SARASOTA, FL 34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. PERRY, SYLVIA 903 W EDGEWOOD AVE. JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

5-3-07 (954) 525-1489  
Date Daytime Phone #

ATTACHMENT

40107010

May 3, 2007

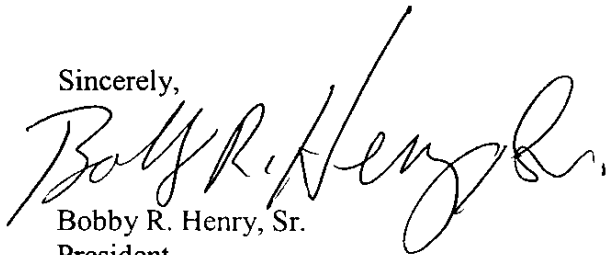
To: Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

For: Annual Report  
From: The Florida Association of Black Owned Media, Inc  
Document # P05000166147

Division of Corporations:

This letter comes as a directive from a representative of the Division of Corporations, who on Monday April 30, 2007 asks that I send this letter along with our payment for our Annual Report. We could not access the website to complete this transaction via the internet address [www.sunbiz.org](http://www.sunbiz.org). The representative stated that there was so much traffic to the site that the site could not handle it. Please accept our payment with out the late penalty. Enclosed is check # 094 in the amount of \$158.75, \$150.00 for the report fee and \$8.75 for the certificate of status.

Sincerely,



Bobby R. Henry, Sr.  
President  
The Florida Association of Black Owned Media, Inc