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2002 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2002 8:00 am Secretary of State **DOCUMENT # P32310** 1. Entity Name 08-01-2002 90167 003 ****61.25 FAMILY STATION, INC. Principal Place of Business Mailing Address 290 HEGENBERGER RD. 971949 290 HEGENBERGER RD. OAKLAND CA 94621 **OAKLAND CA 94621** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 94-1442453 Not Applicable \$8.75 Additional Fee Required Country Zip Country Zip \Box 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DEARBORN, ED 508 N.W. 2ND AVE. OKEECHOBEE FL 34972 Zip Code City 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be **Department of State** Trust Fund Contribution. Added to Fees min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (4/02)☐ Addition ☐ Delete TITLE TITLE NAME CAMPING, HAROLD NAME CR2E037 STREET ADDRESS STREET ADDRESS 3016 GIBBONS DR. CITY-ST-ZIP CITY-ST-ZIP ALAMEDA CA Addition Change ☐ Delete TITLE 7600 RODSEVELT BLUD MORRELL, DAVID NAME VALMONT TOWERS APT 6/2 STREET ADDRESS STREET ADDRESS 36304-DELAIRE-LANDING ROAD-CITY-ST-ZIP~ PHILADEL PHIA -PA-19152 CITY-ST-ZIP PHILADELPHIA PA ☐ Addition ☐ Delete TITLE TITLE VAN DYK, RICHARD NAME 2485 SANDCHERRY DR SE STREET ADDRESS STREET ADDRESS 97-HOPPER ST. 49572-9097 CITY-ST-ZIP KENTWOOD MI CITY-ST-ZIP PROSPECT PARK-NJ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. 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 617, 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.

7/22/02

510-568-6200