

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 050 ***150.00

DOCUMENT # P93000014438					
1. Entity Name PORT ST. LUCIE BROADCASTERS, INC.					
Principal Place of Business 8245 BUSINESS PARK DRIVE PORT ST. LUCIE, FL 34952			Mailing Address 8245 BUSINESS PARK DRIVE PORT ST. LUCIE, FL 34952		
2. Principal Place of Business - No P.O. Box # 4100 Metzger Rd.		3. Mailing Address 4100 Metzger Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Pierce, Fl		City & State Ft. Pierce, Fl		4. FEI Number 59-3177175	
Zip 34947		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYATT, CAROL 8245 BUSINESS PARK DRIVE PORT ST. LUCIE, FL 34952			7. Name and Address of New Registered Agent Name <u>Carol Wyatt</u> (same) Street Address (P.O. Box Number is Not Acceptable) 4100 Metzger Rd. City <u>Ft. Pierce</u> FL Zip Code <u>34947</u>		
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: <u>Carol Wyatt</u> Carol Wyatt, President 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME WYATT, CAROL STREET ADDRESS 8245 BUSINESS PARK DRIVE CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE Carol Wyatt (PT) NAME 4100 Metzger Rd STREET ADDRESS Ft Pierce, Fl 34947 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address	
TITLE VPS NAME WYATT, GREG STREET ADDRESS 8245 BUSINESS PARK DR CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE Greg Wyatt (VPS) NAME 4100 Metzger Rd., STREET ADDRESS Ft Pierce, Fl 34947 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address	
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	
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 the empowered.					
SIGNATURE: <u>Carol Wyatt</u>			Carol Wyatt 4/30/07 772-340-1590 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		