


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90657 016 ***150.00

DOCUMENT # P94000005278

1. Entity Name
PBS OF SOUTH FLORIDA, INC.



Principal Place of Business: **10105 9TH ST N ST PETERSBURG, FL 33716 US**

Mailing Address: **911 PANORAMA TR S ROCHESTER, NY 14625-0397 US**

34080735



2. Principal Place of Business: **10105 DR. M.L. KING JR. ST. N.**

3. Mailing Address: Suite, Apt. #, etc.

04192004 Chg-P CR2E034 (10/03)

City & State: **ST. PETERSBURG FL**

Zip: **33716** Country: **US**

4. FEI Number: **59-3220988**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ State: **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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	P HILL, CRAIG	<input type="checkbox"/> Delete
STREET ADDRESS	10105 9TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE NAME	DST MORPHY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	911 PANORAMA TRAIL SOUTH	
CITY-ST-ZIP	ROCHESTER, NY 14625	
TITLE NAME	V TORTORELLA, ANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS	911 PANORAMA TRAIL SOUTH	
CITY-ST-ZIP	ROCHESTER, NY 14625	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	P HILL, CRAIG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10105 DR. M.L. KING JR. ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ DATE: **4/23/04** DAYTIME PHONE #: **585-385-6666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN MORPHY