

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000088297

1. Entity Name
FLORIDA TELEVISION BROADCASTING, INC.



Principal Place of Business
**HWY. 53 S.
MADISON, FL 32340**

Mailing Address
**PO BOX 427
MADISON, FL 32341**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3541970 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, TOMMY
HWY. 53 S.
MADISON, FL 32340**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**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

TITLE	P
NAME	GREENE, TOMMY
STREET ADDRESS	SR 53 SOUTH
CITY-ST-ZIP	MADISON, FL 32340
TITLE	V
NAME	GREENE, WILLIAM
STREET ADDRESS	RT 1 BOX 3685
CITY-ST-ZIP	MADISON, FL 32340
TITLE	S
NAME	PALHOF, LATRELLE
STREET ADDRESS	RT 4 BOX 1569
CITY-ST-ZIP	MADISON, FL 32340
TITLE	T
NAME	KINSLEY, EMERALD G
STREET ADDRESS	SR 53 SOUTH
CITY-ST-ZIP	MADISON, FL 32340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/04-80149-003 150.00

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tommy Greene **Tommy Greene** 1-23-04 973-4141